NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION
FROM REAL PROPERTY TAXATION

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

1. Name and telephone no. of owner(s) 2. Mailing address of owner(s)

   Day No. (   ) _____
   Evening No. (   ) _____
   E-mail address (optional) _____

3. Location of property (see instructions)

   _____   _____
   Street address   Village (if any)

   _____
   City/Town

   Property identification (see tax bill or assessment roll)
   Tax map number or section/block/lot _____

4. Is the owner a veteran who served in the active military, naval or air service of the United States? ☐Yes ☐No
   If No, indicate the relationship of the owner to veteran who rendered such service: _____
   If Yes, is the veteran also the unremarried surviving spouse of a veteran? ☐Yes ☐No

5. Indicate branch of veterans service and dates of active service: _____
   (Attach written evidence)

6. Was the veteran discharged or released from the active service under honorable conditions? ☐Yes ☐No
   (Attach written evidence)

7. Did the veteran serve in a combat zone or combat theater? ☐Yes ☐No
   If Yes, where did the veteran serve and when was such service performed?_____
   (Attach written evidence)

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? ☐Yes ☐No
   If Yes, what is (was) the veteran's compensation rating? _____
   (Attach written evidence showing the date such rate was established)
   ☐ check if rating is permanent?

   If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? ☐Yes ☐No   (Attach written evidence)

9. Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran or Gold Star parent? ☐ Yes ☐ No
   If No, is the veteran, unremarried surviving spouse of the veteran or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? ☐ Yes ☐ No
   Explain: _____

10. Is the property used exclusively for residential purposes? ☐ Yes ☐ No
    If No, describe the non-residential use of this property and state what portion is so used. _____

11. Date title to this property was acquired: _____ (attach copy of deed)

12. Has the owner(s) ever received or is the owner(s) now receiving a veterans exemption based on eligible funds
     on property in New York State?   ☐ Yes ☐ No

     If yes, the amount of eligible funds used in the purchase was $_____

The location of the property was or is: _____(same as in question 3) or

Street address: _____

Village of_____   City/Town of_____   School District_____

I (we) hereby certify that all statements made on this application are true and correct to the best of my (our)
knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the
penalties prescribed therefore in the Penal Law.

ALL OWNERS MUST SIGN APPLICATION

_____   _____
Signature of owner(s)   Date

_____   _____
Signature of owner(s)   Date

SPACE BELOW FOR ASSESSOR'S USE ONLY

Alternative veterans exemption (RP-458-a)	Assessment	Period of war active service or expeditionary medal recipient (15% or ceiling Max.) approved ☐ Yes ☐ No	Combat zone service (including expeditionary medal) (10% or ceiling Max.) approved ☐ Yes ☐ No	Service connected disability rating ____(x 50% or ceiling Max.) approved ☐ Yes ☐ No	Total
Village of					
Town/City of					
County of					

_____   _____
Assessor's signature   Date