



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)

\_\_\_\_\_  
\_\_\_\_\_  
Day No. ( ) \_\_\_\_\_  
Evening No. ( ) \_\_\_\_\_  
E-mail address (optional) \_\_\_\_\_

2. Mailing address of owner(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Combat zone service (including expeditionary medal) (10% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating _____(x 50% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village of					
Town/City of					
County of					

\_\_\_\_\_  
Assessor's signature

\_\_\_\_\_  
Date