

Department of Taxation and Finance Office of Real Property Tax Services RP-458-a

(11/20)

FORK STATE Application for Alternative Veterans Exemption from Real Property Taxation

For this exemption, you must have served during a NYS defined period of war. Please refer to the chart at the bottom of page 2 to verify See instructions, Form RP-458-a-I, for assistance in completing this form.

| 1. | Name(s) of owner(s) | | | | | | | |
|---|--|--|--|------|--|--|--|--|
| 2. | Mailing address of owner(s) (number an | d street or PO box) | 3. Location of property (street address) | | | | | |
| City, village, or post office State ZIP code | | | City, town, or village State ZIP code | | | | | |
| Daytime contact number Evening contact number | | | Date of purchase of real property | | | | | |
| Em | ail address | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) | | | | | |
| Nai | me(s) of any non-owner spouse(s) | | | | | | | |
| Add | dress(es) of primary residence(s) if diffe | rent from above: | | | | | | |
| 4. | | | val, or air service of the United States? | No 🗌 | | | | |
| | If Yes, is the veteran also the unremarried surviving spouse of a veteran? | | | | | | | |
| 5. | Attach written evidence. Evidence of ACTIVE service is a DD-214 (Member-4 copy indicating "Honorable Discharge"). | | | | | | | |
| 6. | Was the veteran discharged If Yes, attach written evid | | under honorable conditions? Yes | No 🗌 | | | | |
| If No, did the veteran receive a letter from the New York State Division of Veterans' Services stating that the veteran now meets the character discharge criteria for all of the benefits and services listed in the Restoration of Honor Act? If Yes, attach a copy of the letter | | | | | | | | |
| 7. | Did the veteran serve in a co | ombat zone or combat theater? | Yes | No 🗌 | | | | |
| | | eran serve and when was that se Combat eligibility is determine | ervice performed?d from the DD-214. | | | | | |
| 8. | Did the veteran receive 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? | | | | | | | |
| | If Yes, what is (was) the veteran's compensation rating? Attach written evidence showing the date the rate was established. Evidence is a current disability rating letter from the Veterans Administration. | | | | | | | |
| | | in service of a service connecte | ed disability or in the line of duty while | No 🗌 | | | | |
| 9. | | | arried surviving spouse of the veteran, or the | No 🗌 | | | | |
| | of the property and abser | nt from the property due to medi | e veteran, or the Gold Star parent the owner ical reasons or institutionalization? | No 🗌 | | | | |

RETURN BY MAY 1, 2024

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| 10. Is the property used exclusi | | | d state what portion is so us | | |
|---|--|--|---|--|--|
| 11. Date the title to this property | y was acquired: | 1 1 | Attach copy of dee | ed. (deed not required) | |
| This was an exemption and Does that eligible funds e | n New York State gible funds used granted mostly t exemption cover to mption were on | in the purchase we to World War II Venthe same property this parcel, the A | ving a veterans exemption In most cases, this questic Veterans Exemption does vas eterans and it is no longer valuated on page 1? Assessment Office would a | on about "Eligible Fund not apply. foffered. | Yes No |
| | | | elsewhere in NYS, please | indicate the parcel add | lress here: |
| Village | | City/town | | School district | |
| your existing eligible fund | ds exemption; manual extension of the transfer | nark No if you war s exemption.) answered all ques n this application a made herein will s | are true and correct to the I | ds exemption to to Eligible Funds. tion below. best of my (our) knowle | edge and belief and I |
| | | ite | Signature of owner(s) | | Date |
| Signature of owner(s) | | te Signature of owner(s) | | | Date |
| Proof of residency (copy of driv | ver's license) is r | | oners. sor's Use Only — | nersandr, so service arreste more arreste and service and service arrested arrested and service arrested arr | |
| Alternative veterans exemption (RP-458-a) | Assessment | Period of wa active service, expeditionar medal recipie (15% or ceilin max.) approve | service (including expeditionary medal) (10% or ceiling max.) | Service connected disability rating (× 50% or ceiling max.) approved | Total |
| Village | | Yes I | No Yes No | Yes No | |
| Town/City | | | | | |
| County | | | | | |
| School district | | | | | |
| If you did not serve in ACTIVE of Name of assessor (please print) | duty during one | l of these periods (| of war, then you need to a | apply for the Cold War Designated Periods | |
| Signature of assessor | Da | ate | | Vietnam War (1 | flict (8/2/90 - Present) 1/1/1955 - 5/7/75) 27/50 - 1/31/55) |

<u>Note</u>: If you are approved for this exemption, you will first see a reduction in your taxes in the April 2025 County/Town tax bill.

World War II (12/7/41 - 12/31/46)