



Application for Veterans Exemption From Real Property Taxation

See instructions, Form RP-458-I, for assistance in completing this form. Attach additional sheets if needed.

Name(s) of owner(s)		
Mailing address of owner(s) (number and street or PO box)		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
E-mail address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)
Name(s) of any non-owner spouse(s)		
Address(es) of primary residence(s) if different from above:		

If this application is presented on behalf of the owner, complete this section:

Name	Capacity in which you are acting on behalf of owner
Your Post office address	

Eligibility

1 Mark an X in the appropriate boxes below:

- a) The owner rendered military or naval services
- b) The owner is: The spouse Unremarried surviving spouse
 Dependent father Dependent mother
 Child under twenty-one years of age of the person who rendered military or naval service

2 Complete if an application for the veterans exemption on other property owned in New York State has previously been granted, is pending, or has been approved:

Location of property _____ of _____ County, State of New York.
City/Town/Village

a) Amount of eligible funds claimed or allowed \$

b) Latest year in which exemption was granted:

3 List below the amounts of eligible funds paid by the United States Government or by the State of New York, including insurance dividends retained by the United States Government for insurance premiums:

Date paid	State exact nature of payment (include identification number, if any)	Amount
		\$
Total		

4 Of the eligible funds listed in line 3, specify below the amounts, if any, which were used in the purchase of real property:

Full purchase price of property \$ _____
 Amount of down payment (if any) \$ _____
 Amount of purchase money mortgage given or assumed at the time of purchase \$ _____
 Paid to _____ Date paid _____
 Improvements to property \$ _____
 Paid to _____ Date paid _____
 Paid to _____ Date paid _____
 Total amount of eligible funds used in the purchase of the property (add lines 2, 3, and 4) \$ _____

5 Is the owner claiming a total exemption pursuant to Section 458(3) of the Real Property Tax Law (eligibility for or use of federal funds to acquire a residence with special fixtures or facilities made necessary by a veteran's disability)? Yes No
 If Yes, enter the name of the School District _____
 If Yes, attach proof of the eligibility for or monies received from the United States government.

6 Has the owner(s) ever received or is the owner(s) now receiving an alternative veterans exemption on property in New York State? Yes No
 If Yes, year first granted _____ year last granted _____
 Location of property _____ of _____ County, State of New York.
 The property was exempt for which of the following purposes:
 County _____ City/Town _____ Village _____

7 Is this application made for the purposes of reobtaining a previously granted eligible funds exemption which will be subject to a local change in level of assessment (see instructions) Yes No

Certification

I (we) hereby certify that all the 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.

State of New York, County of _____	Signature of owner or authorized representative
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_____, being duly sworn, deposes and says that the statements contained in this application are true to the best of his or her knowledge.

Subscribed and sworn to me this _____ day of _____ 20____

 Commissioner of deeds or notary public

This Area for Assessor's Use Only

Application approved: _____	Application denied: _____
Amount of eligible funds: \$ _____	_____
Amount of exemption: \$ _____	_____

Assessor's name	Date
Assessor's signature	