**Application for Partial Real Property Tax Exemption  
for Alternative Veterans**(General information & instructions are contained on the  
New York State Department of Taxation & Finance website @ [www.tax.ny.gov](http://www.tax.ny.gov))

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

File by **1/2/24**  
for Tax Year  
**2024/2025**

1. Name and telephone of owner(s) 2. Mailing address of owner(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Location of property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Street Address

Property identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Tax Map Number or Section / Block / Lot (see tax bill or assessment roll)

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 veteran’s service and dates of active service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach written evidence) DD214

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 U.S. Veteran’s Administration or from the U.S. 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 from Veterans Affairs of rating and when it was established)

Is compensation rating permanent? 􀀀Yes 􀀀No

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

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 veteran’s 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 Marital Status Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature Marital Status Date

**SPACE BELOW FOR ASSESSOR’S USE ONLY**

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| --- | --- | --- | --- | --- | --- |
| 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