**Application for Partial Real Property Tax Exemption  
for Cold War 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 **12/31/19**  
for Tax Year  
 **2020/21**

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

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

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

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 between September 2, 1945 and December 26, 1991? 􀀀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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 DD214 (Attach written evidence)

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

7. 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 showing the date such rate 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? 􀀀Yes 􀀀No  
 (Attach written evidence)

8. Is the property the primary residence of the veteran, the unremarried surviving spouse of the veteran or Gold Star parent?  
 􀀀Yes 􀀀No

*If NO*, is the veteran, the unremarried surviving spouse of the veteran or Gold Star parent absent from the property due to medical reasons or institutionalization? 􀀀Yes 􀀀No  
Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Date title to this property was acquired (attach copy of deed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Has the owner(s) ever received or is the owner(s) now receiving an eligible funds veteran’s exemption or alternative veteran’s exemption on property in New York State? 􀀀Yes 􀀀No  
*If YES*, the location of the property was or is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (same as in question 3) or  
Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Village of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*If YES*, the amount of eligible funds used in the purchase was $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Has the owner(s) ever received a Cold War veteran’s exemption on property within New York? 􀀀Yes 􀀀No  
If Yes, the location of the property was or is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (same as in question 3) or  
Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Village of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
and the exemption was received in the following years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cold War veterans exemption (RP-458-b) | Assessment | Period of Cold War active service  (10%, 15% 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