



APPLICATION FOR VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

(General information and instructions for completing this form are contained in Form RP-458-INS)

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

Day No. () _____

Evening No. () _____

E-mail address (optional) _____

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. If this application is presented on behalf of the owner, complete items a and b.

a. Capacity in which you are acting on behalf of owner: _____

b. Your Post Office address: _____

5. Date of purchase of real property: _____

6. Check the appropriate items in a. and b.

a. ___ The owner rendered military or naval services.

b. The owner is the ___ spouse, ___ unmarried surviving spouse, ___ dependent father, ___ dependent mother, ___ child under twenty-one years of age, of the person who rendered military or naval service.

7. 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.

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

b. Amount of eligible funds claimed or allowed: \$ _____

c. Latest year in which exemption was granted: _____

8. 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 no. if any)	Amount
		\$
	Total	\$

9. Of the eligible funds listed in item 8, specify below the amounts, if any, which were used in the purchase of real property:

Line no.	
1. Full purchase price of property.....	\$ _____
2. Amount of down payment (if any).....	\$ _____
3. Amount of purchase money mortgage given or assumed at the time of purchase....	\$ _____
Paid to _____ Date Paid _____	
4. Improvements to property.....	\$ _____
Paid to _____ Date Paid _____	
Paid to _____ Date Paid _____	
5. Total amount of eligible funds used in the purchase of the property (line 2+line 3+ line 4	\$ _____

If more space is needed, attach additional schedule stating line number to which it is applicable.

10. 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.

11. 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 _____

12. 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

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

_____, 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

SPACE BELOW FOR ASSESSOR'S USE ONLY

Application approved: _____

Application denied: _____

Amount of eligible funds: \$ _____

Amount of exemption: \$ _____

 Assessor's signature

 Date