



**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) _____ _____ Day No. (     ) _____ Evening No. (     ) _____	2. Mailing address of owner(s) _____ _____
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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 \_\_\_\_\_

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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 appropriate items in a. and b.
  - 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.
7. Complete items a. and b. if an application for the veterans exemption on other property owned in New York State 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: \$ \_\_\_\_\_
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).....	\$ _____
Paid to _____	Date Paid _____
3. Amount of purchase money mortgage given or assumed at 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 (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 moneys 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 purpose 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 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 therefor in the Penal Law.

\_\_\_\_\_  
Signature of owner or authorized representative

State of New York  
County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say that the statements contained in this application are true to the best of my knowledge.

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
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