



NYS BOARD OF REAL PROPERTY SERVICES

APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

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

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

2. Mailing address of owner(s)

Day No. () _____

Evening No. () _____

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. 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 veterans service and dates of active service: _____
(Attach written evidence)

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 United States Veteran's Administration or from the United States 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)
check if rating is permanent?

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

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. _____

