RETURN BY MAY 1, 2025 (NO EXCEPTIONS)



Department of Taxation and Finance Office of Real Property Tax Services

Application for Alternative Veterans Exemption from Real Property Taxation

RP-458-a

(8/24)

For assistance in completing this form, see Form RP-458-a-I, Instructions for Form RP-458-a.

have served during a NYS defined Period of War. Please refer to the chart at the bottom of page 2 to verify the Period of War in which you served.

To qualify for this exemption, you must

2. Mailing address of owner(s) (number	er and street or PO Box)	3. Location of property (street address)		
City, village, or post office	State ZIP code	City, town, or village State	ZIP code	
Daytime contact number	Evening contact number	Date of purchase of real property (mmddyyyy)		
Email address		Tax map number of section/block/lot: Property identification (see ta	ax bill or asses	ssment roll)
Name(s) of any non owner spouse(s):				
Address(es) of primary residence(s), if	different from above:			
4. Is the owner a veteran wh	no serves or served in the active	military, naval, or air service of the United States?	Yes	No
If No, indicate the relati	ionship of the owner to the vetera	an who rendered such service:		
An unremarried survivir	ng spouse must provide a marria		Yes	No
	eran's service and dates of activ	<u>/e service:</u> a DD-214 (Member -4 copy indicating "Honorable Dis	oborgo")	
	•	e under honorable conditions?	Yes	No
	vidence, and skip to line 7. n a military service member who	reenlisted after fulfilling their initial		
•	5	ilitary, naval, or air service of the United		
	-	years?	Yes	No
If Yes, attach writte	en evidence of both the current e	nlistment and length of service, and skip to line 7.		
6b. If No. did the veter	an receive a letter from the New	York State Division of Veterans' Services		
		scharge criteria for all of the benefits and		
services listed in th	ne Restoration of Honor Act?	~	Yes	No
If Yes, attach a cop				
7. Did the veteran serve in a	by of the letter.			
	-	?	Yes	No
	a combat zone or combat theater	? of that service	Yes	No
If Yes, indicate where the	a combat zone or combat theater	of that service	Yes	No
If Yes, indicate where the Attach written evidence 8. Did the veteran receive a	a combat zone or combat theater he veteran served and the dates e. Combat eligibility is determined compensation rating from the Ur	of that service		
If Yes, indicate where the Attach written evidence8. Did the veteran receive a from the United States Defined states S	a combat zone or combat theater he veteran served and the dates e. Combat eligibility is determined compensation rating from the Ur epartment of Defense as a result	of that service		No
If Yes, indicate where th Attach written evidence 8. Did the veteran receive a from the United States De 8a. If Yes, what is, or v	a combat zone or combat theater he veteran served and the dates combat eligibility is determined compensation rating from the Ur epartment of Defense as a result was, the veteran's compensation	of that service	Yes	No
If Yes, indicate where th Attach written evidence 8. Did the veteran receive a from the United States De 8a. If Yes, what is, or v Attach written evid	a combat zone or combat theater he veteran served and the dates e. Combat eligibility is determined compensation rating from the Ur epartment of Defense as a result was, the veteran's compensation ence showing the date the rate w	of that service	Yes	No
If Yes, indicate where th Attach written evidence 8. Did the veteran receive a from the United States De 8a. If Yes, what is, or v Attach written evid Mark an X in the bo	a combat zone or combat theater he veteran served and the dates a. Combat eligibility is determined compensation rating from the Ur epartment of Defense as a result was, the veteran's compensation ence showing the date the rate w ox if the rating is permanent:	of that service	Yes	No
If Yes, indicate where th Attach written evidence 8. Did the veteran receive a from the United States De 8a. If Yes, what is, or v Attach written evide Mark an X in the be 8b. If <i>No</i> , did the veter	a combat zone or combat theater he veteran served and the dates company eligibility is determined compensation rating from the Ur epartment of Defense as a result was, the veteran's compensation ence showing the date the rate w ox if the rating is permanent: an die in service of a service-com	of that service	Yes	No
If Yes, indicate where th Attach written evidence 8. Did the veteran receive a from the United States De 8a. If Yes, what is, or v Attach written evide Mark an X in the be 8b. If <i>No</i> , did the veter	a combat zone or combat theater he veteran served and the dates company eligibility is determined compensation rating from the Ur epartment of Defense as a result was, the veteran's compensation ence showing the date the rate w ox if the rating is permanent: an die in service of a service-con time?	of that service	Yes	No [
 If Yes, indicate where the Attach written evidence 8. Did the veteran receive a from the United States December 8a. If Yes, what is, or venture Attach written evided Mark an X in the beside 8b. If No, did the veter serving during war If Yes, attach writtee 9. Is the property the primary 	a combat zone or combat theater he veteran served and the dates e. Combat eligibility is determined compensation rating from the Ur epartment of Defense as a result was, the veteran's compensation ence showing the date the rate w ox if the rating is permanent: an die in service of a service-con time? en evidence. y residence of the veteran, the u	of that service	Yes	No [
If Yes, indicate where the Attach written evidence 8. Did the veteran receive a from the United States De 8a. If Yes, what is, or v Attach written evide Mark an X in the be 8b. If <i>No</i> , did the veter serving during war If Yes, attach writte 9. Is the property the primary the Gold Star parent of the	a combat zone or combat theater he veteran served and the dates e. Combat eligibility is determined compensation rating from the Ur epartment of Defense as a result was, the veteran's compensation ence showing the date the rate w ox if the rating is permanent: an die in service of a service-con time? en evidence. y residence of the veteran, the un e veteran?	of that service	Yes	No [

10. Is the property used exclusively for residential purposes? Yes 📃 No

If No, describe the non residential use of this property and state what percentage of the property is used for such purposes:

11.	Date <i>(mmddyyyy)</i> the title to this property was acquired and attach a copy of the deed. (Deed not required if purchase prior to January 1, 2025)
12.	Has the owner(s) ever received, or is the owner(s) now receiving, a veterans exemption based on eligible funds on property in New York State?
	12a. If Yes, enter the amount of eligible funds used in the purchase
	12b. Does that eligible funds exemption cover the same property listed on page 1?
	12c. If No, enter the location of this property in New York State, then skip to Certification:

Physical address (number and street) If you did h	ave an Eligible Funds Exemption elsewhere in	NYS, please indicate the parcel address here:
Village	City/town	School district

12d. If Yes, are you submitting this application only because you are seeking a school tax exemption?
(Mark an X in the Yes box if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; mark an X in the No box if you This is only related to Eligible Funds. want your existing eligible funds exemption to be replaced with the alternative veterans exemption.) Yes No

Certification Please be sure that you have answered all questions and sign the application below.

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 in the Penal Law.

All owners must sign this application Proof of residency (copy of driver's license) is required for all owners.

Signature		Date <i>(mmddyyyy)</i>	Signature		Date (mmddyyyy)
Signature		Date (mmddyyyy)	Signature		Date (mmddyyyy)
<u>NOTE:</u> See Important signatu Town tax bill.	re info below. If yo		s exemption, you will first see	a reduction in your taxes	in the April 2026 Cou
Alternative veterans exemption (RP-458-a)	Assessment	Period of war active service, expeditionar medal recipie (15% or ceilin max.) approve	r, Combat zone or service (including y expeditionary nt medal) (10% or ceiling max.)	Service connected disability rating (× 50% or ceiling max.) approved	Total
Village					
Town/City					
County					
School district					
Signature of assessor			If you did not serve in A of war, then you need		
Name of assessor (please print)		Date Designated Periods of War: • Persian Gulf conflict (8/2/1990 - Present) • Vietnam War (11/1/1955 - 5/7/1975)		,	

Korean War (6/27/1950 - 1/31/1955)

World War II (12/7/1941 - 12/31/1946)

IMPORTANT SIGNATURE INFORMATION: If the property is owned in the name of a Trust or Life Estate, signature must be in the name of the Trust or Life Estate.

Trust signature example: {Your Name} on behalf of the {Name of Trust}. Life Estate signature example: {Your Name}, Life Estate.