



Department of Taxation and Finance
Office of Real Property Tax Services

RP-458-a
(11/20)

Application for Alternative Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-a-I, for assistance in completing this form.

*******PLEASE SEE SPECIFIC INSTRUCTIONS ON THE BOTTOM OF PAGE 2*******

1. Name(s) of owner(s)					
2. Mailing address of owner(s) (number 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		State	
Daytime contact number		Evening contact number		Date of purchase of real property	
Email address			Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)		
Name(s) of any non-owner spouse(s)					(this can be found on the cover letter)
Address(es) of primary residence(s) if different from above:					

*served during a period of war listed in the chart below

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

Please CHECK marital status: [] **Married** / [] **Divorced** / [] **Widow (Un-remarried)** / [] **Single**

5. Indicate the branch of veteran's service and dates of active service: _____

Attach written evidence. **(ATTACH DD-214 Honorable Discharge/Member 4 Copy)**

6. Was the veteran discharged or released from active service under honorable conditions? Yes No

If Yes, attach written evidence.

If No, did the veteran receive a letter from the New York State Division of Veterans' Services stating that the veteran now meets the character discharge criteria for all of the benefits and services listed in the Restoration of Honor Act? If Yes, attach a copy of the letter Yes No

7. Did the veteran serve in a combat zone or combat theater? Yes No

If Yes, where did the veteran serve and when was that service performed? _____

Attach written evidence.

8. Did the veteran receive 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 the rate was established.

Mark an X in the box if the 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? If Yes, attach written evidence Yes No

(attach written evidence of disability rating & date rating established)

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

If No, is the veteran, unremarried surviving spouse of the veteran, or the Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? Yes No

Explain: _____

****IMPORTANT INSTRUCTIONS**** Please submit copies of the following:

(1) DD-214 (Member 4 Copy which shows Honorable Discharge),

(2) Driver's License, (3) Marriage Certificate, if applicable.

If Veteran is deceased, (4) Death Certificate.

SPECIFIC DATES:	Years	From	To
Persian Gulf Conflict	1990+	8/2/1990	Current
Vietnam War	1955-1975	11/1/1955	5/7/1975
Korean War	1950-1955	6/27/1950	1/31/1955
World War II	1941-1946	12/7/1941	12/31/1946

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: _____

11. Date the title to this property was acquired: ____ / ____ / ____ . Attach copy of deed.

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? Yes No

If Yes, the amount of eligible funds used in the purchase was \$ _____

Does that eligible funds exemption cover the same property listed on page 1? Yes No

If No, enter the location of this property in New York State:

Street address		
Village	City/town	School district

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

Certification

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

Signature of owner(s)	Date
Signature of owner(s)	Date

Signature of owner(s)	Date
Signature of owner(s)	Date

For Assessor's Use Only

Alternative veterans exemption (RP-458-a)	Assessment	Period of war, active service, or expeditionary medal recipient (15% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Combat zone service (including expeditionary medal) (10% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating _____ (× 50% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village					
Town/City					
County					
School district					

Name of assessor (please print) Denise S. Knauer, IAO	
Signature of assessor	Date

Please return completed application & supporting documentation to:
Assessor's Office ~ Town of Rye 222 Grace Church Street ~ Suite 303 ~ Port Chester ~ NY ~ 10573 ~ 914-939-3075 ext 140
OR EMAIL TO ASSESSOR@TOWNOFRYENY.COM