



Department of Taxation and Finance
Office of Real Property Tax Services

RP-458-b
(11/20)

Application for Cold War Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-b-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
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)					
Address(es) of primary residence(s) if different from above:					

4. Is the owner a veteran who served in the active military, naval, or air service of the United States between September 2, 1945 and December 26, 1991? **[See chart on reverse for specific dates.]** 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 branch of veteran's service and dates of active service: _____
Attach written evidence. **(ATTACH DD-214 Honorable Discharge/Member 4)**

6. Was the veteran discharged or released from the 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? Yes No

If Yes, attach a copy of the letter.

7. 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.

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; if Yes, attach written evidence Yes No

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

8. Is the property the primary residence of the veteran or the unremarried surviving spouse of the veteran? Yes No

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

Explain: _____

9. 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: _____

10. Date title to this property was acquired: _____ / _____ / _____ Attach copy of deed.

11. Has the owner(s) ever received, or is the owner(s) now receiving an eligible funds veterans exemption or alternative veterans exemption on property in New York State? Yes No

Fill out if Yes, and the location of the property is not listed on page 1.

Street address		
Village	City/Town	School district

12. Has the owner(s) ever received a Cold War veterans exemption on property within New York State? Yes No

Fill out if Yes, and the location of the property is not listed on page 1.

Street address	
Village	City/Town
The exemption was received in the following years	

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 therefore in the Penal Law.

All Owners Must Sign Application

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

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

Assessor's Use Only

Cold War veterans exemption (RP-458-b)	Assessment	Period of Cold War active service (10%, 15%, or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating _____ (x 50% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village				
Town/City				
County				
School				

Name of assessor Denise S. Knauer, IAO	
Assessor's signature	Date

Years	Specific Dates	
	From	To
1975-1990	5/8/1975	8/1/1990
1955	2/1/1955	10/31/1955
1947-1950	1/1/1947	6/26/1950

****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.

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