

## NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE OFFICE OF REAL PROPERTY TAX 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)

l.	l. Name and telephone no. of owner(s)  2. Mailing address of owner(	s)	
	Day No. ( )		
3.	3. Location of property (see instructions)		
	Street address Village (if a	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		
5.	Indicate branch of veterans service and dates of active service:		
6.	(Attach written evidence)  Vas the veteran discharged or released from the active service under honorable conditions?   (Attach written evidence)		
7.	Did the veteran serve in a combat zone or combat theater?   Yes  No  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?	check if rating is permanent?	
If $\underline{No}$ , did the veteran die in service of a service connected disability or in the lewartime? $\square Yes \square No$ (Attach written evidence)		of duty while serving during	
9.	9. Is the property the primary residence of the veteran, unremarried surviving spouse parent?  Yes No  If No, is the veteran, unremarried surviving spouse of the veteran or Gold Star pare and absent from the property due to medical reasons or institutionalization? Ye Explain:	ent the owner of the property	
10.	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.	