LAST DATE TO FILE
DECEMBER 1ST

RP-458-b (2/08)

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

APPLICATION FOR COLD WAR VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

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

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

_____

_____

Day No. ( ) _____

Evening No. ( ) _____

2. Mailing address of owner(s)

_____

_____

_____

E-mail (optional) _____

3. Location of property (see instructions)

_____
Street address

_____
City/Town

_____
Village (if any)

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 between September 2, 1945 and December 26, 1991? ☐ 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 veteran's 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. 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? _____

☐ check if rating is permanent? (Attach written evidence showing the date such rate was established)

If No, did the veteran die in service of a service connected disability or in the line of duty?
☐ Yes ☐ No (Attach written evidence)

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

    If Yes, the location of the property was or is: _____ (same as in question 3) or

    Street address: _____

    Village of _____ City/Town of _____ School District _____

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

    If Yes, the location of the property was or is: _____ (same as in question 3) or

    Street address: _____

    Village of _____ City/Town of _____

    and the exemption was received in the following years: _____

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

SPACE BELOW FOR ASSESSOR'S USE ONLY

Cold War veterans exemption (RP-458-b)	Assessment	Period of Cold War active service (10%, 15%, or ceiling Max.) approved ☐ Yes ☐ No	Service connected disability rating ____ (x 50% or ceiling Max.) approved ☐ Yes ☐ No	Total
Village of				
Town/City of				
County of				

_____ _____

Assessor's signature Date