RP-458-a

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

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 (mmddyyyy)		
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 serves or served in the active military, naval, or air service of the United States? Yes If No, indicate the relationship of the owner to the veteran who rendered such service:					No _
If Yes, is the veteran also the unremarried surviving spouse of a veteran?					No _
5. Indicate the branch of veteran's service and dates of active service:					
6. Was the veteran discharged or released from active service under honorable conditions?				Yes	No 🗌
6a. If No, is the veteran a military service member who reenlisted after fulfilling their initial commitment, who currently remains in the active military, naval, or air service of the United States, and who has been in service for at least 10 years?				Yes	No 🗌
If Yes, attach written evidence of both the current enlistment and length of service, and skip to line 7.					
6b. 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?					No 🗆
If Yes, attach a copy of the letter.				103	110
7. Did the veteran serve in a combat zone or combat theater?				Yes	No 🗌
If Yes, indicate where the veteran served and the dates of that service					
8. Did the veteran receive a compensation rating from the United States Department of Veterans Affairs or from the United States Department of Defense as a result of a service-connected disability?				Yes	No 🗌
8a. If Yes, what is, or was, the veteran's compensation rating?					
Mark an X in the box	if the rating is per	manent:			
8b. If No, did the veteran die in service of a service-connected disability or in the line of duty while serving during wartime?				Yes	No 🗌
If Yes, attach written evidence.					
9. Is the property the primary residence of the veteran, the unremarried surviving spouse of the veteran, or the Gold Star parent of the veteran?				Yes	No 🗌
If No, is the veteran, the unremarried surviving spouse of the veteran, or the Gold Star parent of the veteran the owner of the property and absent from the property due to medical reasons or institutionalization? Y					No 🗌
Explain:					

Page 2 of 2 RP-458-a (8/24) If No, describe the non residential use of this property and state what percentage of the property is used for such purposes: 11. Date (mmddyyyy) the title to this property was acquired and attach a copy of the 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 No, skip to Certification. 12a. If Yes, enter the amount of eligible funds used in the purchase.\$ No If Yes, skip to line 12d. 12c. If No, enter the location of this property in New York State, then skip to Certification: Physical address (number and street) Village School district City/town 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 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 Date (mmddyyyy) Signature Date (mmddyyyy) Signature Date (mmddyyyy) Signature Date (mmddyyyy) For Assessor's Use Only **Alternative veterans Assessment** Period of war, Combat zone Service connected **Total** exemption (RP-458-a) active service, or service (including disability rating expeditionary expeditionary _ (× 50% or ceiling max.) medal recipient medal) (10% or (15% or ceiling ceiling max.) approved max.) approved approved Yes No Yes No Yes No Village Town/City County School district Name of assessor (please print)

Date

Signature of assessor