



# Application for Cold War Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-b-1, for assistance in completing this form.

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
E-mail 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? ..... 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   
If Yes, 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? \_\_\_\_\_  
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

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 _____ (× 50% or ceiling max.) approved  <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village				
Town/City				
County				

Name of assessor	
Assessor's signature	Date