NEW YORK STATE

See instructions, Form RP-458-I, for assistance in completing this form. Attach additional sheets if needed.

Name(s) of owner(s)		
Mailing address of owner(s) *(number and street or PO box)*	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:		

If this application is presented on behalf of the owner, complete this section:

Name	Capacity in which you are acting on behalf of owner
Your Post office address	

Eligibility

1 Mark an **X** in the appropriate boxes below:

  a) The owner rendered military or naval services ☐

  b) The owner is: The spouse ☐   Unremarried surviving spouse ☐

               Dependent father ☐   Dependent mother ☐

               Child under twenty-one years of age of the person who rendered military or naval service ☐

2 Complete if an application for the veterans exemption on other property owned in New York State has previously been granted, is pending, or has been approved:

Location of property _____ of _____ County, State of New York.
                          City / Town / Village

  a) Amount of eligible funds claimed or allowed .... $ _____

  b) Latest year in which exemption was granted: .... _____

3 List below the amounts of eligible funds paid by the Untied States Government or by the State of New York, including insurance dividends retained by the United States Government for insurance premiums:

Date paid	State exact nature of payment *(include identification number, if any)*	Amount
		$

Total ....

4 Of the eligible funds listed in line 3, specify below the amounts, if any, which were used in the purchase of real property:

Full purchase price of property .... $ _____

Amount of down payment (if any) .... $ _____

Amount of purchase money mortgage given or assumed at the time of purchase .... $ _____

Paid to _____ Date paid _____

Improvements to property .... $ _____

Paid to _____ Date paid _____

Paid to _____ Date paid _____

Total amount of eligible funds used in the purchase of the property *(add lines 2, 3, and 4)* .... $ _____

5 Is the owner claiming a total exemption pursuant to Section 458(3) of the Real Property Tax Law
(eligibility for or use of federal funds to acquire a residence with special fixtures or facilities made
necessary by a veteran's disability? .... Yes ☐   No ☐

If *Yes*, enter the name of the School District .... _____

If *Yes*, attach proof of the eligibility for or monies received from the United States government.

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

If *Yes*, year first granted _____ year last granted _____ .

Location of property _____ of _____ County, State of New York.

The property was exempt for which of the following purposes:

County _____ City/Town _____ Village _____

7 Is this application made for the purposes of reobtaining a previously granted eligible funds exemption
which will be subject to a local change in level of assessment *(see instructions)* .... Yes ☐   No ☐

Certification

I (we) hereby certify that all the 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.

State of New York, County of	Signature of owner or authorized representative

_____ , being duly sworn, deposes and says that the statements contained in this
application are true to the best of his or her knowledge.

Subscribed and sworn to me this _____ day of _____ 20____

_____
Commissioner of deeds or notary public

───────── ***This Area for Assessor's Use Only*** ─────────

Application approved: _____   Application denied: _____

Amount of eligible funds: $_____   _____

Amount of exemption: $_____   _____

Assessor's name	
Assessor's signature	Date