



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 \_\_\_\_\_ Village (if 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 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating _____ (x 50% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village of				
Town/City of				
County of				

\_\_\_\_\_  
 Assessor's signature

\_\_\_\_\_  
 Date