

Department of Taxation and Finance Office of Real Property Tax Services RP-458-b

(11/20)

YORK STATE Application for Cold War Veterans Exemption from Real Property Taxation

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

				The second second second	- The same of the			
ame(s) of owner(s)			MANAMAN is a Vilajan, a la pap ir apatrilit i					
ailing address of owner(s) (number ar	d street or PO box)	3. Location of property (street address)	3. Location of property (street address)					
village, or post office	State ZIP code	City, town, or village State ZIP code						
me contact number	Evening contact number	Date of purchase of real property						
address		Tax map number of section/block/lot: Property identi	ification (see tax bi	ill or asse	ssment roll)			
(s) of any non-awner enouse(s)	***************************************		*					
				White are a supplement				
ss(es) of primary residence(s) if differ	ent from above:							
			Ye	s 🗌	No 🗌			
If No, indicate the relation	ship of the owner to veteran wh	no rendered such service:		·				
If Yes, is the veteran also	the unremarried surviving spou	use of a veteran?	Ye	s 📙	No 🔛			
ndicate branch of veteran's Attach written evidence.	service and dates of active serv	vice:	·	***************************************				
		vice under honorable conditions?	Ye	s 🗌	No 🗌			
that the veteran now meet	s the character discharge crite	ria for all of the benefits and services listed	I in the	s 🔲	No 🗌			
If Yes, attach a copy of the	e letter.							
ne United States Veteran's A	dministration or from the Unite	d States Department of Defense as a resul	lt	s 🗌	No 🗌			
•	•							
		astabilsileu.						
If No, did the veteran die in	n service of a service connecte		Yes	s 🗌	No 🗌			
the property the primary re	sidence of the veteran or the u	nremarried surviving spouse of the veteran	?Yes	s 🗌	No 🗌			
medical reasons or institut	ionalization?		Yes	3 <u> </u>	No 🗌			
					No .			
	ailing address of owner(s) (number and village, or post office me contact number address (s) of any non-owner spouse(s) ss(es) of primary residence(s) if differ the owner a veteran who setween September 2, 1945. If No, indicate the relation. If Yes, is the veteran also address attach written evidence. Vas the veteran discharged of the the veteran now meet that the veteran now meet Restoration of Honor Act? If Yes, attach a copy of the the United States Veteran's Af a service connected disability Yes, what is (was) the veteran die in attach written evidence should be the the the property the primary residence in the property the primary residence in the property used exclusive the property used exclusive the property used exclusive the property used exclusive	alling address of owner(s) (number and street or PO box) Alliage, or post office State ZIP code The contact number address (s) of any non-owner spouse(s) ss(es) of primary residence(s) if different from above: st the owner a veteran who served in the active military, navetween September 2, 1945 and December 26, 1991? If No, indicate the relationship of the owner to veteran who lif Yes, is the veteran also the unremarried surviving spoundicate branch of veteran's service and dates of active send Attach written evidence. Was the veteran discharged or released from the active send for No, did the veteran receive a letter from the New York states the veteran now meets the character discharge crite Restoration of Honor Act?	alling address of owner(s) (number and street or PO box) 3. Locallion of property (atreet address) Allege, or post office State State ZIP code City, town, or village Date of purchase of real property address Tax map number of section/blocklot: Property ident (a) of any non-owner spouse(s) ss(es) of primary residence(s) if different from above: st 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? 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? If Yes, is the veteran's service and dates of active service: Attach written evidence. Vas the veteran discharged or released from the active service under honorable conditions?	alling address of owner(s) (number and alread or PO bod) 3. Location of property (afreed address) Allege, or post office State ZIP code City, town, or village State Tax map number of section/blocklot: Property identification (see tax by address) Tax map number of section/blocklot: Property identification (see tax by address) step owner a veteran who served in the active military, naval, or air service of the United States etween September 2, 1945 and December 26, 1991? 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? Yendicate branch of veteran's service and dates of active service: Attach written evidence. Vas the veteran discharged or released from the active service under honorable conditions? Yendicate branch of veteran's service alter 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? If Yes, attach acopy of the letter. If Yes, attach a copy of the letter. 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 showing the date such rate was established. Mark an X in the box if the rating is permanent: If No, is the veteran or unremarried surviving spouse of the veteran? Yes If No, is the veteran or unremarried surviving spouse of the veteran absent from the property due to medical reasons or institutionalization? Yes Explain: The property used exclusively for residential purposes? Yes	address of owner(s) (number and street or PO body 3. Location of property (street address)			

Page 2	of 2 RP-458-b (11/	20)							
10. Da	te title to this property	y was acquired:_	1 1		Attach cop	y of deed.			
	s the owner(s) ever r alternative veterans e							Yes 🔲	No [
	Fill out if Yes, and the	e location of the	property is not lis	ted on p	age 1.				
	Street address					*2			
	Village		City/Town			School district			
	s the owner(s) ever re Fill out if <i>Yes</i> , and the			•		within New Y	ork State?	Yes 🗌	No [
	Street address			•					
	Village		City/Town					***************************************	
The exemption was received in the following years									
l (we) h (we) un	cation ereby certify that all s derstand that any will vners Must Sign	ful false stateme	on this application that made herein w	on are ti vill subje	rue and cor ect me (us)	rrect to the be to the penalti	st of my (our) knowle les prescribed theref	edge and be ore in the Pe	lief and I ∍nal Law.
Signature	Signature of owner(s)		Date		Signature of owner(s)			Date	
Signature	Signature of owner(s)		Date		Signature of owner(s)			Date	
	TO SECURE OF THE		Asses	sor's	Use Onl	у			
Cold War veterans Assessment exemption (RP-458-b)		activ (10%, 15%, ap	Period of Cold War active service (10%, 15%, or ceiling max.) approved Yes No		(× 5	rating (× 50% or ceiling max.) approved Yes No		nl	
Village	.,			·					
Town/City	,								
County									
School									
Name of	assessor					<u> </u>			
Assessor's signature		Date	7						