NYS BOARD OF REAL PROPERTY 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)  
2. Mailing address of owner(s)

__________________________________________  
__________________________________________

Day No. ( )__________________________  
Evening No. ( )__________________________  
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? ____________________________  
   (Attach written evidence showing the date such rate was established)
   Check if rating is permanent?
   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: ____________________________

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

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<tr>
<th>Village of</th>
<th>Town/City of</th>
<th>County of</th>
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<tr>
<th>Cold War veterans exemption (RP-458-b)</th>
<th>Assessment</th>
<th>Period of Cold War active service (10%, 15%, or ceiling Max.) approved</th>
<th>Service connected disability rating (x 50% or ceiling Max.) approved</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
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Assessor’s signature    Date