



**BOARD OF
ASSESSORS**

TOWN OF EAST HAMPTON

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CRITERIA FOR COLD WAR VETERANS EXEMPTION

- 1. ATTACH COPY OF COLD WAR RECOGNITION CERTIFICATE**
- 2. ATTACH COPY OF DISCHARGE OR RELEASE FROM ACTIVE SERVICE**
- 3. ATTACH COPY OF FACE PAGE OF CURRENT NYS IT-201 INCOME TAX FORM TO PROVE PRIMARY RESIDENCE**

ALL APPLICATIONS AND DOCUMENTS MUST BE RECEIVED IN THE ASSESSORS BY MARCH 1ST.



Department of Taxation and Finance
Office of Real Property Tax Services

RP-458-b (11/20)

Application for Cold War Veterans Exemption from Real Property Taxation

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

Form with sections for: 1. Name(s) of owner(s), 2. Mailing address of owner(s), 3. Location of property, 4. Contact information, 5. Date of purchase, 6. Email address, 7. Tax map number, 8. Name(s) of any non-owner spouse(s), 9. Address(es) of primary residence(s).

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.

If No, did the veteran receive a letter 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? Yes [] No []

If Yes, attach a copy of the letter.

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

Name of assessor	
Assessor's signature	Date