



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.

Please refer to the chart at the bottom of page 2 to verify Cold War status. If you served during one of the periods of war listed, then you should apply using Alternative Veterans Exemption application.

|  |  |  |
|--|--|--|
| 1. Name(s) of owner(s)                                       |  |  |
| 2. Mailing address of owner(s) (number and street or PO box) |  | 3. 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        |
| Email 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: |  |  |

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 ☐

An unremarried surviving spouse must provide a marriage and death certificate.

5. Indicate branch of veteran's service and dates of **active service**: \_\_\_\_\_  
Attach written evidence. Evidence of ACTIVE service is a DD-214 (Member-4 copy indicating "Honorable Discharge").

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? Evidence is a current disability rating letter from the Veterans Administration. .... 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: \_\_\_\_\_

**RETURN BY MAY 1, 2025**

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10. Date title to this property was acquired: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Attach copy of deed. **Deed not required if property was purchased prior to January 2025.**

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? **..The answer to question #11 is most likely "NO"....** Yes ☐ No ☐

Fill out if Yes, and the location of the property is not listed on page 1.

**\*Note that Eligible Funds exemption was granted mostly to World War II Veterans and is no longer offered (most likely this section does not apply to you.)**

|                |           |                 |
|----------------|-----------|-----------------|
| 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** Please be sure that you have answered all questions. All owners must sign/date the application below.

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**

**IMPORTANT SIGNATURE INFORMATION:** If the property is owned in the name of a Trust or Life Estate, signature must be in the name of the Trust or Life Estate.

|                       |      |                       |      |
|-----------------------|------|-----------------------|------|
| Signature of owner(s) | Date | Signature of owner(s) | Date |
| Signature of owner(s) | Date | Signature of owner(s) | Date |

**Trust signature example:** {Your Name} on behalf of the {Name of Trust}. Life

**Estate signature example:** {Your Name}, Life Estate.

**Assessor's Use Only**

| Cold War veterans exemption (RP-458-b) | Assessment | Period of Cold War active service (10%, 15%, or ceiling max.) approved<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Service connected disability rating _____ (× 50% or ceiling max.) approved<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Total |
|--|------------|--|--|-------|
| Village                                |            |  |  |       |
| Town/City                              |            |  |  |       |
| County                                 |            |  |  |       |
| School                                 |            |  |  |       |

|                      |      |
|----------------------|------|
| Name of assessor     |      |
| Assessor's signature | Date |

If you served during one of these periods of war, then you need to apply for the Alternative Veterans exemption.

**Designated Periods of War:**

- Persian Gulf conflict (8/2/1990 - Present)
- Vietnam War (11/1/1955 - 5/7/1975)
- Korean War (6/27/1950 - 1/31/1955)
- World War II (12/7/1941 - 12/31/1946)

**NOTE:** if your application is approved, you will first see a reduction in your taxes in the 2026 April County/Town tax bill.