



### ELIGIBLE FUNDS VETERANS EXEMPTION INSTRUCTION SHEET

**Filing Deadline:** MAY BE FILED NOW, UP TO BUT NO LATER THAN MARCH 1<sup>st</sup>.

**Application Accepted:** **In Person:** Monday through Friday 9:00AM to 4:30PM **By Mail: Must be POSTMARKED no later than March 1<sup>st</sup>**  
Assessor's Office/Veterans  
One Independence Hill  
Farmingville, NY 11738

**\*\* WHEN MAILING, REGISTERED/RETURN RECEIPT IS RECOMMENDED \*\***

- Requirements:**
1. The applicant must be the recorded owner of a one, two, or three family residence, farmhouse, condominium, or Co-op. Also, the property must be owned by a Veteran, the spouse of a Veteran, or the un-remarried surviving spouse of Veteran.
  2. Applicant must have been previously approved for the Eligible Funds Veterans exemption in the State of New York.

**If this is your primary residence, and you are currently receiving an Eligible Funds Veterans exemption, you may be eligible for an additional exemption off the school portion of your annual tax bill.**

**Veteran must have served FULL TIME ACTIVE DUTY other than for training purposes, Reserve or National Guard time service is not included as full-time active duty served.**

**PLEASE CHECK WITH THE ASSESSOR'S OFFICE TO SEE IF YOUR DISTRICTS BOARD OF EDUCATION HAS ADOPTED A RESOLUTION GRANTING THE VETERANS SCHOOL EXEMPTION**

**\*\*\*\*NOTARY SERVICES ARE AVAILABLE AT TOWN HALL\*\*\*\***

In addition to the **COMPLETED**, **SIGNED**, and **NOTARIZED** application, the Town of Brookhaven requires **PHOTOCOPIES** (NO ORIGINALS) of the following:

- Submit Copies of:**
1. To prove ownership, you must provide one of the following:  
a) Recorded Deed for house or condominium, IF PURCHASED WITHIN THE LAST 6 MONTHS.  
b) Bill of Sale for Greenwood Village  
c) Certificate of Shares for Co-op  
\* Note: if ownership is in a "Trust", include a copy of the Trust.
  2. If transferring within the State of New York – submit a letter of transfer from prior township.  
If transferring is within the Town of Brookhaven – submit a copy of your closing statement on your previous residence.
  3. Closing statement from the purchase of the new residence.
  4. To prove residency, you must provide one of the following for each applicant and spouse and all owners:  
a) NYS Driver's License or NYS Non-Driver ID    b) Car Registration  
c) Voter's Registration Card
  5. If married or spouse of Veteran – submit a photocopy of Marriage Certificate.
  6. If un-remarried surviving spouse – submit a photocopy of the following:  
a) Marriage Certificate and b) Death Certificate.
  7. DD214 a/ka/a Separation papers (must show Honorable Discharge and dates of service).
  8. If a disabled Veteran – submit a copy of the most recent letter from the Veterans' Administration showing total overall percentage rating and dollar amount of disability awarded.

**Approval:** If this exemption is approved, the savings will be applied to the **December Tax Bill**.

**Denial:** Notice of Denials will be mailed to the applicants, by May 1<sup>st</sup>.

**Renewals:** The Eligible Funds Veterans exemption **does not** have to be renewed each year. This exemption will remain on your property until there is a change of ownership.

**Receipt:** Please complete and return the attached post card "**Receipt**" with your application. It will be "**Date Stamped**" and returned to you.



Town of  
Brookhaven  
Long Island

**ELIGIBLE FUNDS VETERANS EXEMPTION**

**KEEPING US INFORMED**

Please remember, when completing your application, to provide us with your **latest** personal contact information; such as, your home phone number, cell number, email address, mailing address, etc....

By providing this information, we will have the ability to contact you concerning any changes to your real property tax exemptions.

**ANY ADDITIONAL CHANGES MUST BE REPORTED TO THE ASSESSOR’S OFFICE PROMPTLY:**

It is the responsibility of the property owner or their next of kin/power of attorney to notify this office of **ALL** important changes/updates. Proof is required for any changes in: **ownership, trust, marital status, death, or primary residence.**

To be considered for the Eligible Funds Veterans Real Property Tax Exemption please read and answer all questions on attached application completely and accurately and supply ALL supporting documents no later than March 1<sup>st</sup>. ALL property owners and spouses are **required** to sign and notarize the application (RP-458).

**DEADLINE FOR FILING IS NO LATER THAN MARCH 1<sup>st</sup>.**

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**Thank you for keeping us up to date, so that we may better serve you.**

Thank You,

*Richard P. DeBragga*

**Richard P. DeBragga**  
Assessor

**For information or questions:**

Office of the Assessor  
631-451-6300

**Veterans Service Agency**

Riverhead 631-852-1410  
Hauppauge 631-853-8387  
Stony Brook 631-444-8759

**Town of Brookhaven Veteran Service Agency**

631-451-6574



Town of Brookhaven Long Island

NYS DEPARTMENT OF TAXATION & FINANCE APPLICATION FOR ELIGIBLE FUNDS VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

Do not file this form with the Office of Real Property Tax Services (General information and instructions for completing this form are contained in RP-458-Ins.)

Empty box for stamp or signature

FILING DEADLINE: MARCH 1ST

1. Name of all owners & spouses

2. Mailing address of all owners & spouses

Three horizontal lines for owner names

Three horizontal lines for mailing addresses

3. Home/Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

4. Location of property:

Street address City State Zip code

5. Suffolk County Tax Map #: District Section Block Lot

or Name of Co-op: \_\_\_\_\_ Total shares: \_\_\_\_\_ Shares to the unit: \_\_\_\_\_

6. If transferring within the State of New York, please supply a letter of transfer from prior township/county or the closing statement if within the Town of Brookhaven.

Enter previous address: \_\_\_\_\_

If transferring within the Town of Brookhaven, enter previous SCTM#: \_\_\_\_\_

Date of sale: \_\_\_\_\_ Amount of Eligible Funds claimed: \_\_\_\_\_

7. Check the appropriate items:

- a) The owner rendered Military or Naval Services [ ] or
b) The owner is: [ ] the spouse [ ] the un-remarried surviving spouse
c) Paraplegic Veteran [ ] (please attach copy of award letter, Title 38, Chapter 21, Section 801)

8. Is this the primary residence of the owner referenced above? Yes [ ] No [ ]

If Yes, and you would like to use this application to also apply for the additional VETERANS SCHOOL EXEMPTION, check here [ ] IF THIS IS NOT YOUR PRIMARY RESIDENCE CONTINUE TO QUESTION #9

9. Name of Veteran: \_\_\_\_\_

10. Dates of full-time active duty, not for training purposes only:

(Reserve or National Guard time service is not included as full-time active duty served)

From: \_\_\_\_\_ To: \_\_\_\_\_

11. Was the Veteran discharged under honorable conditions? Yes [ ] No [ ]

12. Did the Veteran serve in a combat zone or combat theater? Yes [ ] No [ ]



Town of Brookhaven Long Island

Department of the Assessor One Independence Hill Farmingville, NY 11738

FILL IN NAME AND ADDRESS IN BOX BELOW

Large empty box for name and address

13. Has the Veteran received, or did the Veteran receive prior to his/her death, a compensation rating from the United States Veterans' Administration or from the United States Department of Defense as a result of a service-connected disability? Yes  No

If Yes, the Veterans total overall compensation rating is/was? \_\_\_\_\_

If No, did the Veteran die due to a service-connected disability or in the line of duty while serving during wartime? Yes  No

14. Is the owner claiming a total exemption pursuant to Section 458(3) of the Real Property Tax Law (use of Federal funds to acquire a residence with special fixtures or facilities made necessary by a Veterans disability)? Yes  No

If Yes, submit proof of the monies received from the United States Government: \$ \_\_\_\_\_

15. Does the owner or spouse of, own any other property in NY, or any another state that they're claiming as a primary residence, and are receiving a residency tax benefit, such as Star or a Homestead Exemption?

If Yes, please state the address: \_\_\_\_\_ Yes  No

**NOTARIZED SIGNATURES for ALL OWNERS and SPOUSES of,  
are REQUIRED for APPLICATION TO BE COMPLETE.  
FAILURE TO DO SO WILL RESULT IN DENIAL OF THE EXEMPTION.**

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 in the Penal Law.

First Name	M.I.	Last Name	Marital Status	Signature	Date
First Name	M.I.	Last Name	Marital Status	Signature	Date

State of New York:  
County of Suffolk:

Subscribed to and sworn to before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

AFFIX STAMP HERE

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**TOWN OF BROOKHAVEN  
ELIGIBLE FUNDS VETERANS EXEMPTION  
RECEIPT**

\_\_\_\_\_  
Suffolk County Tax Map # or Name of Co-op

\_\_\_\_\_  
Item #

\_\_\_\_\_