



COLD WAR VETERANS EXEMPTION INSTRUCTION SHEET

APPLICATIONS RECEIVED AFTER THE FILING DEADLINE WILL BE DENIED THE APPLICATION WILL BE RETAINED AND CONSIDERED FOR THE NEXT TAX YEAR

Filing Deadline: MAY BE FILED NOW, UP TO BUT NO LATER THAN MARCH 1st.

Applications Accepted: **In Person:** Monday through Friday 9:00AM to 4:30PM **Mail: Must be POSTMARKED no later than March 1st** 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 and occupant of a one, two, three-family residence, farm home, 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. The exemption is available to Veterans who served **Full Time Active Duty** (not for training purposes only) in the Military during the years of 1945 through 1990, when the United States was not in an active period of war. Veterans who are currently receiving either the Eligible Funds or Alternative Veterans Exemption are not applicable.

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

- Submit Photocopies:**
1. **To prove ownership, you must provide one of the following:**
 - a) **Recorded Deed** for house/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 within the Town of Brookhaven – submit a copy of your closing statement of your previous residence.
 3. **DD214 a/k/a Discharge or Separation Papers** (**must** show Honorable Discharge and dates of service).
 4. **To prove residency, you must provide one the following for each applicant, spouse, and all owners:**
 - a) NY Driver's License or NY Non-Driver ID
 - b) Car Registration
 - c) Voter's Registration Card
 5. **If disabled Veteran:** Submit photocopy of most current letter of disability from Veterans Administration showing total overall percentage rating.
 6. **If married or spouse of Veteran** - Submit a photocopy of Marriage Certificate.
 7. **If un-remarried surviving spouse** - Submit a photocopy of the following:
 - a) Marriage Certificate **and**
 - b) Death Certificate

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

Denial: Notice of Denials will be mailed to applicants by May 1st.

Renewing: The Cold War Veterans Exemption does not have to be renewed each year. This exemption will remain on your property until there is a change of ownership or primary residence.

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



COLD WAR 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 Cold War 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 1st. ALL property owners and spouses are required to sign the application (RP-458B).

DEADLINE FOR FILING IS NO LATER THAN MARCH 1ST.

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

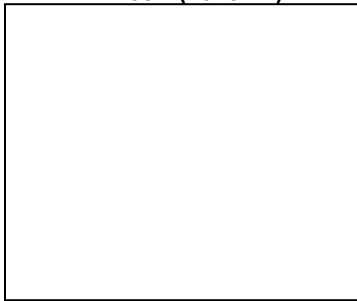
Town of Brookhaven Veteran Service Agency

631-451-6574



NYS DEPARTMENT OF TAXATION & FINANCE APPLICATION FOR COLD WAR VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

Do not file this form with the State Board of Real Property Tax Service (General information and instructions for completing this form are contained in Form RP-458-B-Ins)



1. Name of all owners & spouses

2. Mailing address of all owners & spouses

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: _____

7. Check the appropriate item:

- a) The owner rendered military or naval service
b) The owner is the: Spouse of or Un-remarried surviving spouse of
c) Gold Star parent of the veteran

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

9. Name of Veteran: _____

10. Dates Veteran served full-time active duty - not for training purposes only:

Reserve or National Guard time service is not included as full time active duty served): *If the Veteran served during an active period of war, use the Alternative Veterans application RP-458A*

From: To:

11. Was the Veteran discharged or released from active service under honorable conditions? Yes No

12. 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, 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

FILING DEADLINE: MARCH 1ST



FILL IN NAME AND ADDRESS IN BOX BELOW



13. Is the property used exclusively for residential purposes? Yes No

If No, describe the portion (%) and purpose of the non-residential use:

14. Has the owner(s) ever received or is the owner(s) now receiving a Veterans exemption based on Eligible Funds on a property in New York State? Yes No

If Yes, the amount of Eligible Funds used in the purchase was: \$ _____

The location of the property was or is: _____

14. 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? Yes No

If Yes, please state the address(es): _____

**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

**PLEASE PROVIDE LEGAL DOCUMENTATION TO
PROVE CHANGE OF OWNERSHIP DUE TO
TRUST, MARRIAGE, DIVORCE, DEATH, OR PRIMARY RESIDENCE.**

DEADLINE FOR FILING IS NO LATER THAN MARCH 1ST.

**TOWN OF BROOKHAVEN
COLD WAR VETERANS EXEMPTION
RECEIPT**

Suffolk County Tax Map # or Name of Co-op

Item #

