



ALTERNATIVE / COLD WAR VETERANS EXEMPTION REAL PROPERTY TAXATION BASED ON CHANGE IN SERVICE-CONNECTED DISABILITY COMPENSATION RATING

APPLICATION FOR TAX YEAR _____

FILING DEADLINE: MARCH 1ST

1. Name of all owners & spouses 2. Mailing address of all owners & spouses 3. Home/Cell #: Email:

4. Suffolk County Tax Map # District Section Block Lot or Name of Co-op: Total Shares: Shares to the unit:

5. CURRENT TOTAL OVERALL DISABILITY RATING: _____

6. NEW TOTAL OVERALL DISABILITY RATING: _____

PLEASE SUBMIT THE MOST RECENT COPY OF YOUR DISABILITY RATING LETTER (MUST SHOW TOTAL PERMANENT OVERALL DISABILITY PERCENTAGE RATING) FROM THE UNITED STATES VETERAN'S ADMINISTRATION OR DEPARTMENT OF DEFENSE

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.

Table with 6 columns: First Name, M.I., Last Name, Marital Status, Signature, Date. Two rows for owner and spouse.



FILL IN NAME AND ADDRESS IN BOX BELOW

Empty box for name and address.

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

Applications Accepted: In Person:
Monday through Friday
9:00 AM 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

When the Alternative/Cold War Veterans exemption is granted based in part on a service-connected disability rating received from the United States Veterans Administration or the United States Department of Defense, evidence of continued eligibility must be provided by the property owner if the disability rating increases or decreases.

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.**

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
ALTERNATIVE / COLD WAR VETERANS
CHANGE IN SERVICE-CONNECTED DISABILITY RATING
RECEIPT**

Suffolk County Tax Map # or Name of Co-op

Item #

