



ALTERNATIVE VETERANS EXEMPTION INSTRUCTION SHEET

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. Applicant must have served **full time active duty** (not for training purposes only) in the Military during a War Time Period. War Time Periods as determined by State and Federal Law. (Reserve or National Guard time service is not included as full time active duty served)
 3. Applicant must have been discharged under Honorable Conditions.

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 the 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) NYS Driver’s License or NYS Non-Driver ID
 - b) Car Registration
 - c) Voter’s Registration Card
 5. **If disabled Veteran -** Submit photocopy of most recent 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 the un-remarried Surviving Spouse -** Submit a photocopy of the following:
 - a) Marriage Certificate **and**
 - b) Death Certificate
 8. **If Goldstar Parent -** Submit a photocopy of the following:
 - a) Proof of Service **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 Alternative 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.



ALTERNATIVE 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 Alternative Real Property Tax Exemption please read and answer all questions on attached application completely and accurately. Submit application and supply ALL supporting documents no later than March 1st. ALL property owners and spouses are required to sign the application (RP-458A).

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,

FELIX WIENCLAW
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 Veterans Service Agency

631-451-6574 by appt. only
9:00 am – 4:00 pm lunch 12:00 pm – 1:00 pm



NYS DEPARTMENT OF TAXATION & FINANCE
APPLICATION FOR ALTERNATIVE 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-458A-Ins.)

FILING DEADLINE: MARCH 1ST

Empty rectangular box for stamp or signature.

1. Name of All Owners & Spouses

2. Mailing Address of All Owners & Spouses

Two horizontal lines for owner names.

Two horizontal lines for mailing address.

3. Home/Cell#: _____

Email: _____

4. Date of birth of all owners & spouses: _____

5. Location of property:

Street address City State Zip code

6. Suffolk County Tax Map #: _____

District Section Block Lot

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

7. 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: _____

8. Check the appropriate items:

- 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 []

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

10. Name of the Veteran: _____

11. 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):

From: _____ To: _____

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

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



FILL IN NAME AND ADDRESS IN BOX BELOW

Large empty rectangular box for name and address.

14. 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 because of a service-connected disability? Yes No

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

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

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

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

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

17. Does the owner or spouse of, own any other property in NY, or any other 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
ALTERNATIVE VETERANS EXEMPTION
RECEIPT**

Suffolk County Tax Map # or Name of Co-op

Item #

