



VETERANS SCHOOL PORTION ONLY EXEMPTION
FOR RESIDENTS ALREADY RECEIVING
AN ELIGIBLE FUNDS VETERANS EXEMPTION

INSTRUCTION SHEET

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.

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

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

- Submit Photocopies:**
- DD214 a/k/a Discharge or Separation Papers** (must show Honorable Discharge and dates of service).
 - To prove residency, you must provide one of 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

***Note:** If ownership is in a "Trust", include a copy of the Trust.
 - If a disabled Veteran** - Submit photocopy of most recent letter of disability from Veterans Administration showing total overall percentage rating.
 - If married or spouse of Veteran** - Submit a photocopy of Marriage Certificate.
 - 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 Veterans School 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.



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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 Veteran's School Only 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-458A/B).

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 Veteran Service Agency

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



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

FILING DEADLINE: MARCH 1ST

1. Name of all owners & spouses _____
2. Mailing address of all owners & spouses _____

3. Date of birth all owners & spouses: _____

4. Home/Cell#: _____ Email: _____

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. 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 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 of National Guard time service is not included as Full Time Active Duty served):

From: _____ To: _____

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

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

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



FILL IN NAME AND ADDRESS IN BOX BELOW

14. Is the property used exclusively for residential purposes? Yes No
 If No, describe the portion (%) and purpose of the non-residential use: _____

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? 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
 VETERANS SCHOOL PORTION ONLY EXEMPTION
 FOR RESIDENTS ALREADY RECEIVING
 AN ELIGIBLE FUNDS VETERANS EXEMPTION
 RECEIPT**

 Suffolk County Tax Map # or Name of Co-op

 Item #

