



INCORPORATED VILLAGE OF LINDENHURST

430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

ALTERNATIVE VETERAN'S INSTRUCTION SHEET – PLEASE READ CAREFULLY

Filing Deadline: **October 1, 2026** – Applications received after the filing deadline will be denied.

Applications accepted in person at Village Hall.

Village Hall Hours: 8:00 AM - 3:30 PM

Requirements:

1. Must be the applicant's primary residence.
2. Applicant must have been in active service during a designated war period and honorably discharged

The Village of Lindenhurst requires the following information to be attached to and submitted with your COMPLETED AND SIGNED application:

Photocopies of:

1. The most recent recorded deed.
2. Current Driver's License or NYS Non-Driver ID (Must reflect property address)
3. **DD-214 or Separation Papers.** Must clearly state that the veteran served on active duty during the designated war period. NOTE: If veteran served in combat, the Separation Papers/DD-214 must list service medals that qualify for the additional combat credit.
4. Disability- If the veteran has a service-connected disability, a recent letter from the Veteran's Agency, indicating the actual overall combined percentage of the disability rating must accompany the application.
5. Spouse of Veteran -You must submit a copy of your marriage certificate. Un-Remarried Surviving Spouse of Veteran- Must submit a copy of both your marriage certificate and the veteran's death certificate.

**BE SURE TO SUBMIT YOUR COMPLETED APPLICATION WITH ALL
REQUIRED DOCUMENTATION BY OCTOBER 1, 2026**

INCOMPLETE APPLICATIONS WILL BE DENIED



Application for Alternative Veterans Exemption from Real Property Taxation

For assistance in completing this form, see Form RP-458-a-I, *Instructions for Form RP-458-a*.

1. Name(s) of owner(s)		
2. Mailing address of owner(s) (number and street or PO Box)		3. Location of property (street address)
City, village, or post office	State	ZIP code
City, town, or village	State	ZIP code
Daytime contact number	Evening contact number	Date of purchase of real property (mmddyyyy)
Email address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)
Name(s) of any non owner spouse(s):		
Address(es) of primary residence(s), if different from above:		

4. Is the owner a veteran who serves or served in the active military, naval, or air service of the United States? ... Yes ☐ No ☐
If *No*, indicate the relationship of the owner to the veteran who rendered such service: _____
If *Yes*, is the veteran also the unremarried surviving spouse of a veteran? Yes ☐ No ☐
5. Indicate the branch of veteran's service and dates of active service: _____
Attach written evidence.
6. Was the veteran discharged or released from active service under honorable conditions? Yes ☐ No ☐
If *Yes*, attach written evidence, and skip to line 7.
6a. If *No*, is the veteran a military service member who reenlisted after fulfilling their initial commitment, who currently remains in the active military, naval, or air service of the United States, and who has been in service for at least 10 years? Yes ☐ No ☐
If *Yes*, attach written evidence of both the current enlistment and length of service, and skip to line 7.
6b. If *No*, did the veteran receive a letter from the New York State Division of Veterans' Services stating that the veteran now meets the character discharge criteria for all of the benefits and services listed in the Restoration of Honor Act? Yes ☐ No ☐
If *Yes*, attach a copy of the letter.
7. Did the veteran serve in a combat zone or combat theater? Yes ☐ No ☐
If *Yes*, indicate where the veteran served and the dates of that service. _____
Attach written evidence.
8. Did the veteran receive a compensation rating from the United States Department of Veterans Affairs or from the United States Department of Defense as a result of a service-connected disability? Yes ☐ No ☐
8a. If *Yes*, what is, or was, the veteran's compensation rating? _____
Attach written evidence showing the date the rate was established.
Mark an **X** in the box if the rating is permanent: ☐
8b. 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 ☐
If *Yes*, attach written evidence.
9. Is the property the primary residence of the veteran, the unremarried surviving spouse of the veteran, or the Gold Star parent of the veteran? Yes ☐ No ☐
If *No*, is the veteran, the unremarried surviving spouse of the veteran, or the Gold Star parent of the veteran the owner of the property and absent from the property due to medical reasons or institutionalization? Yes ☐ No ☐
Explain: _____

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

If *No*, describe the non residential use of this property and state what percentage of the property is used for such purposes:

11. Date (mmddyyyy) the title to this property was acquired and attach a copy of the deed.

12. Has the owner(s) ever received, or is the owner(s) now receiving, a veterans exemption based on eligible funds on property in New York State? Yes ☐ No ☐

If *No*, skip to *Certification*.

12a. If Yes, enter the amount of eligible funds used in the purchase. \$

12b. Does that eligible funds exemption cover the same property listed on page 1? Yes ☐ No ☐

If Yes, skip to line 12d.

12c. If *No*, enter the location of this property in New York State, then skip to *Certification*:

Physical address (number and street)		
Village	City/town	School district

12d. If Yes, are you submitting this application only because you are seeking a school tax exemption?

(Mark an **X** in the Yes box if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; mark an **X** in the No box if you want your existing eligible funds exemption to be replaced with the alternative veterans exemption.) Yes ☐ No ☐

Certification

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.

All owners must sign this application

Signature	Date (mmddyyyy)	Signature	Date (mmddyyyy)
Signature	Date (mmddyyyy)	Signature	Date (mmddyyyy)

For Assessor's Use Only

Alternative veterans exemption (RP-458-a)	Assessment	Period of war, active service, or expeditionary medal recipient (15% or ceiling max.) approved ☐ Yes ☐ No	Combat zone service (including expeditionary medal) (10% or ceiling max.) approved ☐ Yes ☐ No	Service connected disability rating _____ (× 50% or ceiling max.) approved ☐ Yes ☐ No	Total
Village					
Town/City					
County					
School district					

Name of assessor (please print)	
Signature of assessor	Date