

# Village Of Haverstraw

**DEPUTY MAYOR**

GIL CARLEVARO

**TRUSTEES**

RAFAEL BUENO

JOEL I. A. SANTANA

RICHARD SENA

**MAYOR**

MICHAEL F. KOHUT

Municipal Building

40 New Main Street

Haverstraw, New York 10927

Tele: (845) 429-0300 Fax: (845) 429-0353

**CLERK/TREASURER**

CARMELINA PALUMBO

**VILLAGE ATTORNEY**

J. NELSON HOOD, JR.

October 28, 2022

Dear Property Owner:

Enclosed please find the application for Alternative Veterans Exemption from Real Property Taxation which must be filed with the assessor on or before December 31, 2022 in order to be considered eligible for an exemption.

The application requires the following documentation:

- Identification (birth certificate or passport & driver's license)
- Deed of the property
- Copy of DD214 (Discharge papers with date of service)

If you should need assistance or additional information, you may inquire at the above office Monday through Friday between the hours 9:00 a.m. and 5:00 p.m. or call the Village Hall at (845) 429-0300 and speak to Isabel.

**PLEASE NOTE DEADLINE FOR FILING APPLICATION IS DECEMBER 31, 2022**

Sincerely,

Edye McCarthy, IAO  
Assessor



# Application for Alternative Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-a-I, for assistance in completing this form.

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
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 served in the active military, naval, or air service of the United States? ..... Yes  No   
 If No, indicate the relationship of the owner to 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.  
 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? If Yes, attach a copy of the letter ..... Yes  No

7. Did the veteran serve in a combat zone or combat theater? ..... Yes  No   
 If Yes, where did the veteran serve and when was that service performed? \_\_\_\_\_  
 Attach written evidence.

8. Did the veteran receive 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, what is (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:   
 If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? If Yes, attach written evidence ..... Yes  No

9. Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran, or the Gold Star parent? ..... Yes  No   
 If No, is the veteran, unremarried surviving spouse of the veteran, or the Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? ..... Yes  No   
 Explain: \_\_\_\_\_