

INSTRUCTIONS FOR FILING THE VILLAGE OF MALVERNE

ALTERNATIVE VETERAN'S EXEMPTION FORM:

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION. INCOMPLETE SUBMISSIONS CANNOT BE REVIEWED.

1. Copy of your DD 214
2. Copy of the latest recorded deed for the property
3. Copy of your driver's license
4. If you are a disabled veteran, a copy of the letter from the Office of Veteran's Affairs listing your total disability rating

Please send the completed application and required documents to:

Assessment Dept.

Village of Malverne

99 Church Street

Malverne, NY 11565

If you have any questions, please call the Assessor at:

(516) 599-1200, Extension 108

**VILLAGE OF MALVERNE APPLICATION FOR ALTERNATIVE VETERANS
EXEMPTION FROM REAL PROPERTY TAXATION**

SCHOOL DISTRICT _____ SECTION _____ BLOCK _____ LOT _____

Name of Owner(s): _____ Telephone: _____

Mailing Address of Owners: _____

Location of Property (Street Address): _____

Village: _____ City/Town: _____ County: _____ State of NY

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 veterans who rendered such service: _____

Date Title to this property was acquired (attach copy of most recent deed):

Is this the primary residence of the veteran or the unmarried surviving spouse of the veteran?

Yes No

If No, explain: _____

Is the property used exclusively for residential purposes? Yes No

If No, describe the non-residential use of this property and what portion of the property is used:

Indicate branch of veteran's service and dates of active service _____

Was the veteran discharged and released from active service under honorable conditions?

Yes No Written evidence attached _____

Did the veteran serve in a combat zone or theater? Yes No

If Yes, where did the veteran serve and when was such service performed? _____

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 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 rating and the date such rating was established.

Is this a permanent rating? [] Yes [] No

Has the owner ever received or is the owner now receiving a veteran's exemption pursuant to Section 458(3) (use of Federal funds to acquire a residence with special fixtures or facilities made necessary by a veteran's disability) or Section 458(5) (pro-rata exemption granted as a result of full value assessment) of the Real Property Tax Law? [] Yes [] No

Has eligibility for this exemption terminated? [] Yes [] No If Yes, when? _____

Has the owner ever received or are the owners now receiving an Eligible Funds Veterans Exemption on property in New York? [] Yes [] No

If Yes, the amount of eligible funds used in the purchase was: \$ _____

The location of the property is/was Street Address: _____

Village: _____ City/Town: _____ County: _____

Has the owner ever received an Alternative Veterans Exemption on property in New York State?

[] Yes [] No

If Yes, year first granted: _____ Last year exemption granted: _____ (Attach proof)

If No, was any other residential real property in New York State owned by the applicant(s) on or after August 30, 1984? [] Yes [] No

If Yes, was this property the primary residence of the veteran or the unremarried surviving spouse of the veteran? [] Yes [] No

If Yes, specify the date Title to this property was acquired and the location of the property:

Date: _____ Location: _____

I/We hereby certify that all statements made on this application are true and correct to the best of my/our knowledge and belief. I/We understand that any false statements made herein will subject me/us to the penalties prescribed therefore in the Penal Law.

Signature of Owner

Date

Signature of Owner

Date