Town of Hermon Notice

Veteran's Property Tax Exemptions

If you are a **Veteran** or the **surviving spouse** of a Veteran with an **honorable discharge**, you may be eligible for one of the following **property tax exemptions**:

🏠 Available Exemptions

1. **Alternative Veterans Exemption**
   (Form RP-458-a)
   For residential property owned by a veteran who served during a designated time of war or received an expeditionary medal.
2. **Cold War Veterans Exemption**
   (Form RP-458-b)
   For residential property owned by a veteran who served during the Cold War period.

🗓️ Important Deadline

Apply by March 1st, 2026
To be considered for the **2025–2026 Assessment Roll**

🗂️ How to Apply: Visit the Town Office **Monday–Thursday, 9:00 AM–2:00 PM**
📞 Call 315-347-3606 to request or drop off forms. There is also a drop-box outside the office door.

👩‍💼 Assessor Contact Information

Kathy Besaw – Town of Hermon Assessor
📞 315-276-5987
🕒 Office hours by appointment

🔗 For More Information: Visit: veterans.ny.gov – Property Tax Exemptions

Once granted, your Veteran's Exemption **does not need to be renewed** unless you move.

NEW YORK STATE

Department of Taxation and Finance
Office of Real Property Tax Services

Application for Alternative Veterans Exemption from Real Property Taxation

RP-458-a
(11/20)

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: _____
   _____

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

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

_____

11. Date the title to this property was acquired: ___/___/_____. Attach copy of 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 *Yes*, the amount of eligible funds used in the purchase was ..... $ _____

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

If *No*, enter the location of this property in New York State:

Street address		
Village	City/town	School district

If *Yes*, are you submitting this application only because you are seeking a school tax exemption? (Mark *Yes* if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; mark *No* 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 of owner(s)	Date
Signature of owner(s)	Date

Signature of owner(s)	Date
Signature of owner(s)	Date

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

NEW YORK STATE

Department of Taxation and Finance
Office of Real Property Tax Services

Application for Cold War Veterans Exemption from Real Property Taxation

RP-458-b
(11/20)

See instructions, Form RP-458-b-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 between September 2, 1945 and December 26, 1991? ..... 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 branch of veteran's service and dates of active service: _____
   Attach written evidence.

6. Was the veteran discharged or released from the 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? ..... Yes ☐ No ☐

   If *Yes*, attach a copy of the letter.

7. 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 date such 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; if *Yes*, attach written evidence ..... Yes ☐ No ☐

8. Is the property the primary residence of the veteran or the unremarried surviving spouse of the veteran? ..... Yes ☐ No ☐

   If *No*, is the veteran or unremarried surviving spouse of the veteran absent from the property due to medical reasons or institutionalization? ..... Yes ☐ No ☐

   Explain: _____

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

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

10. Date title to this property was acquired: ____/____/____ Attach copy of deed.

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

Fill out if *Yes*, and the location of the property is not listed on page 1.

Street address		
Village	City/Town	School district

12. Has the owner(s) ever received a Cold War veterans exemption on property within New York State? ..... Yes ☐ No ☐

Fill out if *Yes*, and the location of the property is not listed on page 1.

Street address	
Village	City/Town
The exemption was received in the following years	

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 therefore in the Penal Law.

All Owners Must Sign Application

Signature of owner(s)	Date
Signature of owner(s)	Date

Signature of owner(s)	Date
Signature of owner(s)	Date

Assessor's Use Only

Cold War veterans exemption (RP-458-b)	**Assessment**	**Period of Cold War active service** (10%, 15%, or ceiling max.) approved ☐ Yes ☐ No	**Service connected disability rating** _____ (× 50% or ceiling max.) approved ☐ Yes ☐ No	**Total**
Village				
Town/City				
County				
School				

Name of assessor	
Assessor's signature	Date

Alternative & Cold War Veteran's Exemption Application Instructions

The following information is due to the Assessor's Office no later than **March 1, 2026:**

1. Complete both sides and sign the RP-458a application.
2. Proof of residency showing the property address on one of the following: Driver's License, Voter's Registration, Auto Registration or Current Paystub.
3. A copy of your Active Duty Service DD-214 must accompany your application.
4. If you have a service connected disability, submit a copy of your award letter from the Veteran's Administration showing your "Total Combined Rating". You will receive half of your disability rating as a tax exemption. If the rating is permanent, make sure this reflects on the letter.

Please Note: In order to receive a Veteran's Tax Exemption you must have served active duty service that is **NOT** for training purposes.

Additional Information:

1. Only the veteran, current spouse or un-remarried widow is eligible for a Veteran's Tax Exemption.
2. If you do not have a copy of your DD-214 or discharge papers, you can contact the Erie County Clerk at 716-858-8690. You can also request a copy from the National Archives at www.archives.gov/veterans.
3. Periods of War eligible for a Veteran's Tax Exemption:
   a. Persian Gulf 8/2/1990 to Present
   b. Cold War 9/2/1945 to 12/26/1991
   c. Vietnam 11/1/1955 to 5/7/1975
   d. Korea 6/27/1950 to 1/31/1955
   e. WWII 12/7/1941 to 12/31/1946
   f. WWI 4/6/1917 to 11/11/1918

The application and all applicable documents are due to the Assessor's Office no later than March 1, 2026!