

PHOTOCOPIES ARE REQUIRED BY THE STATE OF NEW JERSEY AS PROOF OF ELIGIBILITY. SEND ONLY WHAT IS REQUIRED FOR THE DEDUCTION YOU ARE APPLYING FOR. WE DO NOT REQUIRE ORIGINALS.

A. SENIOR CITIZEN OR SURVIVING SPOUSE DEDUCTION

1. Proof of Age: Birth Certificate, Driver's License, Passport, etc.
2. Proof of Residency: Driver's License, Current Utility Bill, or Government I.D.
3. Proof of Income: New Jersey State and 1040 Federal Income Tax Return, Social Security Document, and/or PTR worksheet, Fair Rebate worksheet and proof of any other income, this would include tax-exempt income statements. ANY QUESTION'S, PLEASE CONTACT OUR OFFICE
4. Surviving Spouse: Must be 55 years of age or older and receiving the deduction at the time of Spouse's death.

B. PERMANENTLY AND TOTALLY DISABLED/OR SURVIVING SPOUSE

1. Proof of Disability: Social Security award letter, Physicians Certificate, NJ Commission for the Blind Certificate.
2. Proof of Residency: Driver's License; Same as above
3. Proof of Income: New Jersey State and 1040 Federal Income Tax Return, Social Security Document, and/or PTR worksheet, Fair Rebate worksheet and proof of any other income, this would include tax exempt income statements. ANY QUESTION'S, PLEASE CONTACT OUR OFFICE
4. Surviving Spouse: Must be 55 years of age or older and receiving deduction at the time of Spouse's death.

C. VETERAN/WIDOW OR WIDOW OF A VETERAN DEDUCTION

1. Honorable Discharge: DD214 and/or Service Record showing date of entry into Active Service
2. Proof of Residency: Driver's license of Applicant; Same as above
3. Spouse's Death Certificate

***Please return Application and Copies to:** Tax Assessor's Office
P.O. Box B
Bayville, NJ 08721
732-244-7400

CLAIM FOR REAL PROPERTY TAX DEDUCTION ON DWELLING HOUSE OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER

(N.J.S.A. 54:4-8.40 et seq.; L.1963 c.172 as amended) (N.J.A.C. 18:14-1.1 et seq.); Civil Union Act PL 2006, c.103, effective 2/19/07

IMPORTANT: File this completed claim with your municipal tax assessor or collector. (See instructions on reverse.)

1. CLAIMANT NAME

Name(s) of claimant owner(s) permanently residing in dwelling house.

2. DWELLING LOCATION

Street Address of resident owner claimant's dwelling.	(Unit # if Co-op)
County & Municipality	Claimant Phone Number
Block / Lot / Qualifier	Claimant Email

3. YEAR OF DEDUCTION This deduction is claimed for the tax year _____ (indicate tax year).

4. CITIZEN & RESIDENT (Complete A & B)

- A. I was a citizen of New Jersey as of October 1 of the pretax year, i.e., the year prior to the tax year for which deduction is claimed; and
- B. I was also a legal or domiciliary resident of New Jersey for at least one year immediately prior to October 1 pretax year. See instructions 2 & 3.

5. OWNER & OCCUPANT

I (my spouse/civil union partner and I, as tenants by entirety), solely owned, held title to above identified dwelling occupied as my (our) principal or permanent residence as of October 1 of the pretax year. See instructions 4 & 5.

****Complete 5a only if partial owners**

5a. Name of part owner	% ownership interest in property
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****Complete 5b only if resident-tenant shareholder in Cooperative or Mutual Housing Corporation**

5b. Corporation Name of Cooperative or Mutual Housing		
Co-op/M.H. Corp. Street Address	Municipality	State
\$ _____	<input type="checkbox"/> Co-op	
Net Property Tax Amount for Unit	<input type="checkbox"/> Mutual Housing Corp.	

6. ANNUAL INCOME LIMIT (must be reaffirmed by March 1 following year for which deduction was given.)

During the tax year for which the deduction is claimed, I reasonably anticipate that my annual income (and that of my spouse/civil union partner combined) will not exceed \$10,000 after a permitted exclusion of Social Security Benefits, or Federal Government Retirement/Disability Pension, or State, County, Municipal Government and their political subdivisions and agencies Retirement/Disability Pension. See instructions 6 & 8.

7. BIRTH DATE - MARITAL/CIVIL UNION STATUS

A. Date of Birth _____

B. Single Married/Civil Union Partner Surviving Spouse/Surviving Civil Union Partner
 Legally Separated/Divorced/Dissolved

8. SENIOR OR DISABLED CITIZEN OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER

(Choose A, B, or C)

- A. I was age 65 or more years as of December 31, of the year prior to tax year for which deduction is claimed.
- B. I was permanently and totally disabled and unable to be gainfully employed as of December 31 of the year prior to the tax year. ATTACH PHYSICIAN'S OR SOCIAL SECURITY DISABILITY OR NEW JERSEY COMMISSION FOR BLIND CERTIFICATE.
- C. I was a surviving spouse/surviving civil union partner as of October 1 of the year prior to the tax year and have not remarried/entered into a new civil union partnership.
 I was age 55 or more as of December 31 of the year prior to the tax year and at time of my spouse's/civil union partner's death.

**My deceased spouse/civil union partner at his or her death was receiving a

- senior citizen's property tax deduction or a
- permanently and totally disabled person's property tax deduction.

9. REAL PROPERTY TAX DEDUCTION OTHER DWELLING

I (and my spouse/civil union partner) did not receive a senior or disabled citizen or surviving spouse/civil union partner (if applicable) property tax deduction on another dwelling for the same tax year except on my (our) former home identified below where I (we) resided from _____ month/year to _____ month/year.

Street Address _____

Municipality _____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature of Claimant _____

Date _____

OFFICIAL USE ONLY

Block _____ Lot _____ Approved in amount of \$ _____

Age Disability Surviving Spouse/Surviving Civil Union Partner of senior citizen or disabled person

Assessor _____ Date _____

Collector _____ Date _____

\$250 REAL PROPERTY TAX DEDUCTION SUPPLEMENTAL INCOME FORM

(N.J.S.A. 54:4-8.40 et seq.; N.J.A.C. 18:14-1.1 et seq.)

THE BELOW INCOME DETAIL IS TO ENABLE THE COLLECTOR/ ASSESSOR TO DETERMINE WHICH ITEMS MAY BE EXCLUDED UNDER THE LAW AND TO DETERMINE WHETHER YOU MEET THE INCOME REQUIREMENTS OF THE LAW. THE ASSESSOR OR COLLECTOR MAY REQUEST THAT THIS INCOME STATEMENT BE SUBSTANTIATED BY FEDERAL INCOME TAX RECORDS. FAILURE TO COMPLY MAY RESULT IN LOSS OF YOUR SENIOR CITIZEN, DISABLED PERSON, SURVIVING SPOUSE, SURVIVING CIVIL UNION PARTNER PROPERTY TAX DEDUCTION.

Re: _____
(Applicant's name) (Address)

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen, disabled person, surviving spouse, or surviving civil union partner property tax deduction with respect to premises located at:

_____ Block _____ Lot _____ Qualifier _____
(County/Municipality)

INCOME FOR THE CALENDAR YEAR _____

***NOTE: If married, you must include spouse's income**

The tax assessor/collector will determine which of the below items will be EXCLUDED.

	<u>Applicant</u>	<u>Spouse</u>
1. Pension, Annuity, Retirement (PRIVATE)	\$ _____	\$ _____
2. Salary/Wages/Tips/Bonuses/Commissions	_____	_____
3. Interest	_____	_____
4. Dividends (Ordinary and Qualified)	_____	_____
5. IRA Distributions	_____	_____
6. Capital Gains	_____	_____
7. Business Income	_____	_____
8. Income from Rents/Royalties	_____	_____
9. Unemployment	_____	_____
10. Alimony	_____	_____
11. Other income	_____	_____
12. Social Security Benefits	_____	_____
13. Federal Pension/Railroad Pension	_____	_____
14. State, County, Municipal Pension	_____	_____
15. Disability Benefits	_____	_____
Total Yearly Income (sum of items 1-15)	\$ _____	

For Assessor/Collector Use Only

Excludable income \$ _____ Total income after exclusion \$ _____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

(Applicant's signature)

(Spouse's signature)