

CLAIM FOR REAL PROPERTY TAX DEDUCTION ON DWELLING HOUSE OF QUALIFIED NEW JERSEY

RESIDENT SENIOR CITIZEN, ~~DISABLED PERSON~~, OR SURVIVING SPOUSE

MEDICARE CARDS

(N.J.S.A. 54:4-8.40 et seq.; L. 1963 c. 172 as amended)

LETTER FROM Soc. Security

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

Block / Lot / Qualifier

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 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

**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

{ } Co-op

Net Property Tax Amount for Unit

{ } 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 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 AND MARITAL STATUS

A. Date of Birth

B. { } Single { } Married { } Surviving Spouse { } Legally Separated/Divorced

8. SENIOR OR DISABLED CITIZEN OR SURVIVING SPOUSE (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 as of October 1 of the year prior to the tax year and have not remarried. { } 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 death. **My deceased spouse 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) did not receive a senior or disabled citizen or surviving spouse (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 of { } senior citizen or { } disabled person

Assessor

Date

Return the completed form to the Assessor
or Collector
SUPPLEMENTAL INCOME STATEMENT FOR USE BY ASSESSOR OR COLLECTOR
IN DETERMINING ELIGIBILITY FOR SENIOR CITIZEN'S DEDUCTION

Re: _____
(applicant's name) (applicant's address)

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen's tax deduction with respect to premises located at _____

_____ Lot No. _____ Block No. _____
(municipality)

INCOME FOR THE CALENDAR YEAR 19 _____
(Including Spouse's Income)

- 1.) Pension or Retirement (Private) \$ _____
 - 2.) Salaries or Wages _____
 - 3.) Interest and Dividends _____
 - 4.) Net Rents or Royalties _____
 - 5.) Capital Gains _____
 - 6.) Other Income _____
 - 7.) Social Security Benefits:
 - Husband _____
 - Wife _____
 - 8.) State or Federal Pension, Disability Benefits:
 - Husband _____
 - Wife _____
 - 9.) Railroad Retirement Pension:
 - Husband _____
 - Wife _____
- Annual Gross Income
(sum of items 1 to 9 inclusive) \$ _____

(Note: The appropriate official will determine which of the above items are to be excluded.)

(applicant's signature)

(signature of applicant's spouse)

To Applicant: The above income detail is to enable the assessor or collector to determine which items of income may be excluded under the law and to determine whether you meet the income requirements of the law. Failure to complete this form may result in loss of your senior citizen's tax deduction.