

\$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 or 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) \$ \_\_\_\_\_

<u>For Assessor/Collector Use Only</u>	
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)

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

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/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

\*\*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/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/Dissolutioned

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