

**ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR  
CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE REQUIRED TO CONTINUE RECEIPT OF  
REAL PROPERTY TAX DEDUCTION ON DWELLING HOUSE**  
(N.J.S.A. 54:4-8.40 et seq.; L.1963, c.172 as amended)

This INCOME STATEMENT must be filed with the municipal tax collector timely by March 1 annually or it will result in loss of the deduction and you will be billed for the deducted amount. (See instructions on reverse.)

**1. NAME(S) OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S)**

**CLAIMANTS SS # AND SPOUSES SS # if married** \_\_\_\_\_

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**2. LOCATION OF CLAIMED DWELLING HOUSE**

Street Address \_\_\_\_\_

(Unit #, if Co-op) \_\_\_\_\_

County & Municipality \_\_\_\_\_

Block/Lot/Qualifier \_\_\_\_\_

Name & Address of Cooperative or Mutual Housing Corporation, if applicable.

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**3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED**

I declare and confirm that the total annual income I (and my spouse combined) received from all sources, after permitted income exclusion, during the previous calendar tax year, the tax year for which deduction was granted

☐ DID NOT exceed \$10,000.

☐ DID exceed \$10,000.

SEE REVERSE, INCOME DEFINED AND EXCLUDABLE INCOME DEFINED.

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**4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR**

I reasonably anticipate that the total annual income I (and my spouse combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year

☐ WILL NOT exceed \$10,000.

☐ WILL exceed \$10,000.

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5. REAFFIRMATION OF ELIGIBILITY

{ } I reaffirm that all information provided on the initial CLAIM FORM PTD concerning New Jersey domicile or legal residence, principal residence in and ownership of the above identified dwelling house as of October 1 pretax year, i.e., the year prior to the calendar tax year, as well as personal data i.e., age, disability, marital status as previously filed with the municipal tax assessor and/or collector is true and accurate and remains unchanged except as listed below.\*

CHOOSE A, B, or C.

- A. { } As a surviving spouse, I also reaffirm that I have not remarried.  
B. { } As a permanently and totally disabled person, I also reaffirm that my disability status has not changed.  
C. { } I initially applied as a senior citizen, age 65 or more.

\*List below any changes in domicile, residence or occupancy, ownership, marital status, disablement etc.; if none, stat "none":

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

WARNING: Failure to timely file this statement with the collector or to submit proof of income as he or she require OR where annual income exceeds the statutory limit will result in disallowance of the previously granted deduction or jeopardize its continuation. Disallowed deductions must be repaid on or before June 1 of the post-tax year or become delinquent, a lien on the property and a personal debt of the claimant.

OFFICIAL USE ONLY Approved

Disapproved

Collector

Date

Form PD5 rev. April 1996

# SUPPLEMENTAL INCOME STATEMENT FOR USE BY THE ASSESSOR IN DETERMINING ELIGIBILITY FOR TAX DEDUCTION

I \_\_\_\_\_ submit the following statement of income to aid in the determination of eligibility for the tax deduction with respect to premises located at: \_\_\_\_\_

in the municipality of \_\_\_\_\_ County of \_\_\_\_\_

and further described at Lot No. \_\_\_\_\_ in Block No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Return the completed form to the Tax Assessor. Failure to complete this form may result in loss of your tax deduction.

## INCOME FOR THE CALENDAR YEAR \_\_\_\_\_

	APPLICANT	SPOUSE
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	\$ _____	\$ _____
8. State or Federal Pension	\$ _____	\$ _____
9. Railroad Retirement Pension	\$ _____	\$ _____
10. State or Federal Disability Benefits	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME (Assessor's Use Only)</b>	\$ _____	\$ _____

NOTE: The Assessor will determine which of the above items are to be excluded.

**TOTAL COMBINED INCOME** \$ \_\_\_\_\_

SPOUSE: DATE OF BIRTH A) _____	PREVIOUS ADDRESS: D) STREET: _____
CHECK ONE OF THE FOLLOWING: B) <input type="checkbox"/> SPOUSE COLLECTING SOCIAL SECURITY IN OWN RIGHT C) <input type="checkbox"/> SPOUSE COLLECTING SOCIAL SECURITY THROUGH APPLICANT	CITY: _____ STATE: _____ ZIP: _____ DATE MOVED TO PRESENT ADDRESS: E) _____

### TO THE APPLICANT:

The above income is to enable the Assessor to determine which items of income may be excluded under the law and to determine whether you meet income requirements.

I hereby certify that the foregoing declarations are true to the best of my knowledge and belief and fully understand that such declarations will be considered as if made under oath, and, as to a false declaration, shall be subject to the penalties as prescribed by law.

DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_

## RESERVED FOR OFFICIAL USE ONLY

	DEDUCTIBLE INCOME	
	APPLICANT	SPOUSE
Line ( )		
Line ( )		
Line ( )		
<b>TOTAL</b>		

Total deductible income \$ \_\_\_\_\_  
to be excluded from the Gross Income Results in the sum of \$ \_\_\_\_\_

Applicant Qualifies ☐ Does not Qualify ☐

**PROPERTY TAX DEDUCTION CLAIM BY VETERAN OR SURVIVING SPOUSE OF VETERAN OR SERVICEPERSON**

(N.J.S.A. 54:4-8.10 et seq.; L.1963, c.171 as amended)

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

**1. CLAIMANT NAME**

Name of claimant owner

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**2. CLAIMED PROPERTY LOCATION**

Street Address	Unit #, if Co-op	Phone #
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County	Municipality
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Block	Lot	Qualifier
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Mailing Address if different than Claimed Property Location

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

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**4. VETERAN/SURVIVING SPOUSE OF VETERAN OR SERVICEPERSON** (Choose A, B, or C)

- A. ☐ Honorably discharged veteran with active wartime service in the United States Armed Forces. ATTACH copy DD214.
- B. ☐ Surviving spouse of honorably discharged veteran with active wartime service in the United States Armed Forces; and  
☐ I have not remarried. ATTACH copy DD214 if not previously provided by veteran claimant.
- C. ☐ Surviving spouse of serviceperson who died on wartime active duty in the United States Armed Forces; and  
☐ I have not remarried. ATTACH copy Military Notification of Death.

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**5. ACTIVE WARTIME SERVICE PERIOD** (Check All Applicable Service Periods)

- |   |  |
|---|--|
| **A. <input type="checkbox"/> Operation Iraqi Freedom                             | March 19, 2003 - Ongoing               |
| **B. <input type="checkbox"/> Operation Enduring Freedom                          | September 11, 2001 - Ongoing           |
| **C. <input type="checkbox"/> "Joint Endeavor/Joint Guard" - Bosnia & Herzegovina | November 20, 1995 - June 20, 1998      |
| **D. <input type="checkbox"/> "Restore Hope" Mission - Somalia                    | December 5, 1992 - March 31, 1994      |
| **E. <input type="checkbox"/> Operation Desert Shield/Desert Storm Mission        | August 2, 1990 - February 28, 1991     |
| **F. <input type="checkbox"/> Panama Peacekeeping Mission                         | December 20, 1989 - January 31, 1990   |
| **G. <input type="checkbox"/> Grenada Peacekeeping Mission                        | October 23, 1983 - November 21, 1983   |
| **H. <input type="checkbox"/> Lebanon Peacekeeping Mission                        | September 26, 1982 - December 1, 1987  |
| I. <input type="checkbox"/> Vietnam Conflict                                      | December 31, 1960 - May 7, 1975        |
| **J. <input type="checkbox"/> Lebanon Crisis of 1958                              | July 1, 1958 - November 1, 1958        |
| K. <input type="checkbox"/> Korean Conflict                                       | June 23, 1950 - January 31, 1955       |
| L. <input type="checkbox"/> World War II  | September 16, 1940 - December 31, 1946 |
| M. <input type="checkbox"/> World War I   | April 6, 1917 - November 11, 1918      |

**\*\*NOTE** - Peacekeeping Missions require a minimum of 14 days service in the actual combat zone except where service-incurred injury or disability occurs in the combat zone, then actual time served, though less than 14 days, is sufficient for purposes of property tax exemption or deduction. The 14 day requirement for Bosnia and Herzegovina may be met by service in one or both operations for 14 days continuously or in aggregate. For Bosnia and Herzegovina combat zone also includes the airspace above those nations.



6. PROPERTY OWNERSHIP

☐ I, the above named claimant, owned, wholly or in part on \_\_\_\_\_ (deed date) the property above identified. Property must be owned as of October 1 of the pretax year, i.e., the year prior to the tax year for which deduction is claimed. For example, where deduction is claimed for tax year 2004, ownership criterion must be met as of pretax year October 1, 2003.

\*\*Complete 6a only if partial owners of claimed property

6a. Name(s) of part owner(s) \_\_\_\_\_ % ownership interest in property  
\*\*Complete 6b only if claimed property is a Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder.

6b. 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.  
\*\*\*\*\*

7. CITIZENSHIP & RESIDENCY (Complete A or B )

- A. ☐ I, the above claimant veteran, was a citizen and legal or domiciliary resident of New Jersey as of October 1 of the pretax year.  
B. ☐ I, the above claimant surviving spouse, was a citizen and legal or domiciliary resident of New Jersey as of October 1 of the pretax year; and  
☐ My deceased veteran or serviceperson spouse was a citizen and resident of New Jersey at death.

8. TAX DEDUCTION OTHER PROPERTY

☐ I am not receiving a Veteran's Property Tax Deduction on any other property for the same tax year except as indicated here:

Street Address \_\_\_\_\_ Municipality \_\_\_\_\_  
\*\*\*\*\*

For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at 1-800-624-0508; (609) 530-6958 or (609) 530-6854.

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 \$ \_\_\_\_\_  
☐ Veteran ☐ Surviving Spouse of ☐ Veteran or ☐ Serviceperson

Assessor/Collector \_\_\_\_\_ Date \_\_\_\_\_  
Form V.S.S. rev. July 2004

**APPLICATION FILING PERIOD** - File this claim with the municipal tax assessor from October 1 through December 31 of the pretax year, i.e., the year prior to the calendar tax year or with the municipal tax collector from January 1 through December 31 of the calendar tax year. For example, for a property tax deduction claimed for calendar tax year 2004, the pretax year filing period would be October 1 - December 31, 2003 with the assessor and the tax year filing period would be January 1 - December 31, 2004 with the collector.

**ELIGIBILITY REQUIREMENTS** - All requirements for deduction must be met as of October 1 of the pretax year, i.e., the year prior to the calendar tax year for which the deduction is claimed.

A. **Veteran Claimant** as of October 1 pretax year must:

1. have had active wartime service in United States Armed Forces and been honorably discharged;
2. own the property, wholly or in part, or hold legal title to the property for which deduction is claimed;
3. be a citizen and legal or domiciliary resident of New Jersey.

B. **Surviving Spouse Claimant** as of October 1 pretax year must:

1. document that the deceased veteran or serviceperson was a citizen and resident of New Jersey at death who had active wartime service in the United States Armed Forces and who was honorably discharged or who died on active wartime duty;
2. not have remarried;
3. be a legal or domiciliary resident of New Jersey;
4. own the property, wholly or in part, or hold legal title to the property for which deduction is claimed.

NOTE \*\*Claimants must inform the assessor of any change in status which may affect their continued entitlement to the deduction.

**VETERAN DEFINED** - means any New Jersey citizen and resident honorably discharged from active wartime service in the United States Armed Forces. Current statute does not provide for deduction for military personnel still in active service who have not been discharged.

**For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at 1-800-624-0508; (609) 530-6958 or (609) 530-6854.**

**ACTIVE SERVICE TIME OF WAR DEFINED** - means military service during one or more of the specific periods listed under #5 on front of this VSS Claim. Active duty for training or field training purposes as a member of a reserve component does NOT constitute active service time of war unless activated into Federal military service by Presidential or Congressional order.

**CITIZEN & RESIDENT DEFINED** - United States Citizenship is not required. Resident for purposes of this deduction means an individual who is legally domiciled in New Jersey. Domicile is the place you regard as your permanent home - the place you intend to return to after a period of absence. You may have only one legal domicile even though you may have more than one place of residence. Seasonal or temporary residence in this State, of whatever duration, does not constitute domicile. Absence from the State for a 12 month period is prima facie evidence of abandonment of domicile.

**SURVIVING SPOUSE DEFINED** - means the lawful widow or widower of a qualified New Jersey resident veteran or serviceperson, who has not remarried.

NOTE\*\*A surviving spouse though a New Jersey resident himself/herself is not entitled to deduction if the deceased veteran/serviceperson spouse at death was not a New Jersey resident.

**DOCUMENTARY PROOFS REQUIRED** - Each assessor and collector may require such proofs necessary to establish claimant's deduction entitlement and photocopies of any documents should be attached to this claim as part of application record.

**MILITARY RECORDS** Certificate of Honorable Discharge or Release, Form DD214, or Military Notification of Death or Certification of United States Veteran's Administration.

**SURVIVING SPOUSE** Death Certificate of decedent, marriage license.

**OWNERSHIP** real property deed, executory contract for property purchase; or Last Will and Testament if by devise or if intestate or without a will give names and relationships of decedent's heirs-at-law.

**RESIDENCY** New Jersey driver's license or motor vehicle registration, voter's registration, etc.

**APPEALS** - A claimant may appeal any unfavorable determination by the assessor or collector to the County Board of Taxation annually on or before April 1.

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