TO: New Applicants  
From: Tammette (Tammy) Latona  
For: Senior, Disabled, and Veteran Surviving Spouse, 100% Disabled Veteran

Kindly provide the following information with your completed, signed dated application. Some of the information required may already be completed for you. Please pay close attention to any yellow highlighted areas of the application that require your attention.

SENIOR DEDUCTION
1. Proof of age-copy of Birth Certificate or Driver’s license
2. Income statement (Must include proof of income)

Disabled Person
1. Physician’s certificate, social security document, or Commission for the Blind certificate.
2. Income statement (Must include proof of income)
3. Proof of residency by NJ driver’s license, motor vehicle registration, voter’s registration

Surviving spouse of a Senior or Disabled Person
1. Decedent’s physician’s certificate, social security document or NJ commission for the Blind certificate
2. Income statement (Must include proof of income)
3. Proof of Age (must be 55 or older) Birth certificate or Driver’s license.

Veteran or Surviving Spouse of Veteran**
1. Certificate of honorable discharge or DD214
2. Supplemental form for Peace keeping Missions (included)
3. Proof of residency, driver’s license or voters registration

100% Disabled Veteran or Surviving Spouse**
1. Certification letter directly from Veteran Affairs (sample letter included)
2. Proof of residency, driver’s license or voters registration
3. Honorable discharge or DD214

** ANY SURVIVING SPOUSE MUST PROVIDE A COPY OF DEATH CERTIFICATE**

Applications will not be approved without all supporting documents.  
Mail to: Gloucester County Office of Assessment  
1200 N. Delsea Dr., Bldg. A  
Clayton, NJ 08312  
Fax to: (856)307-6447  
Attn.: Tammette (Tammy) Latona

Should you have any question please do not hesitate to contact me at (856)307-6445 Monday thru Friday 8:30-4:30.
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.1993 c.172, as amended; N.J.A.C. 18:14-1.1 et seq.; Civil Union Act PL-2006, c.193, 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 _______.

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

☐ If (my spouse/civil union partner and I, as tenants by entirety), solely owned, hold 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 partial 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

$ Net Property Tax Amount for Unit

State

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, SS 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 PHYSICIANS 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 ☐ senior citizen's property tax deduction or ☐ permanently and totally disabled person's property tax deduction.

9. REAL PROPERTY TAX DEDUCTION OTHER DWELLING 1 (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

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

Form PTD rev. February 2007
GENERAL INSTRUCTIONS

1. APPLICANTS - If your form is completed, sign and enclose a copy of the certificate in the year prior to the calendar year.

2. ACTIVITY PLAN - After completing the activities for the year, sign and enclose a copy of the certificate in the year prior to the calendar year.

3. CITATION & PRESENTMENT - Sign and enclose a copy of the certificate in the year prior to the calendar year.

4. RESIDENCE IN DOMESTIC HOUSEHOLD - According to the domestic household definition, the number of days the person resided in the household is the number of days the person resided in the household.

5. extending eligibility - According to the date of the previous calendar year, the number of days the person resided in the household is the number of days the person resided in the household.

6. INCOME AND EXPENSE - According to the domestic household definition, the number of days the person resided in the household is the number of days the person resided in the household.

7. DOCUMENTS AND PROOF - Include evidence of requirements and evidence of compliance.

8. ANNUAL POST-TAX YEAR INCOME STATEMENT - For residents of the Province of Ontario, the amount of income relative to the calendar year.
$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: ___________________________ (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:

County/Municipality

Block ______ Lot ______ Qualifier ______

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.

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