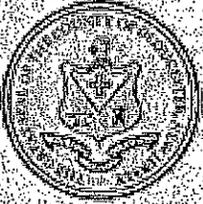


GLoucester County  
OFFICE OF ASSESSMENT

FREEHOLDER DIRECTOR  
Robert M. Damminger



COUNTY ASSESSOR  
A. Craig Black,  
SGGREA/CTA

DEPUTY COUNTY  
ASSESSOR  
Gerard P. Mead, CTA

DEPUTY COUNTY  
ASSESSOR  
Robin Hague, CTA

DEPUTY COUNTY  
ASSESSOR  
Jeff Taylor, CTA

Clayton Complex, Bldg. A  
1200 N. Delsea Drive  
Clayton, NJ 08312

Phone 856.307.6445  
Fax 856.307.6447

[www.gloucestercountynj.gov](http://www.gloucestercountynj.gov)

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, national origin or sex in admission to, access to, or operations of its programs, services, activities or in its employment practices. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be direct to the EEO office at (856)384-6903 or through the County's ADA Coordinator at (856)384-6842/New Jersey Relay Service 711

**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, voters 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.
4. Copy of Death certificate and Marriage Certificate if spouse not on death certificate.

**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.**



# PROPERTY TAX DEDUCTION CLAIM BY VETERAN OR SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF VETERAN OR SERVICEPERSON

(N.J.S.A. 54:4-8.10 et seq.; P.L.1963, c.171 as amended; N.J.A.C. 18:27-1.1 et seq.)

**IMPORTANT: File this completed claim with your municipal tax assessor or collector. (See Guidelines)**

<b>OFFICIAL USE ONLY</b>	Block _____	Lot _____	Approved in amount of \$ _____
<input type="checkbox"/> Veteran	<input type="checkbox"/> Surviving Spouse/Civil Union or Domestic Partner of		<input type="checkbox"/> Veteran or <input type="checkbox"/> Serviceperson
Assessor/Collector _____		Date _____	

**1. CLAIMANT OWNER'S NAME**

\_\_\_\_\_

**2. CLAIMED PROPERTY LOCATION**

Street Address _____	Unit #, if Co-op _____	Phone # _____
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County _____	Municipality _____
--------------	--------------------

Block _____	Lot _____	Qualifier _____
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Mailing Address if different than Claimed Property Location \_\_\_\_\_

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

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

- \*\*A.  World Trade Center Rescue & Recovery                      September 11, 2001 - May 30, 2002
- \*\*B.  Operation Northern/Southern Watch                      August 27, 1992 - March 17, 2003
- \*\*C.  Operation Iraqi Freedom                      March 19, 2003 - Ongoing
- \*\*D.  Operation Enduring Freedom                      September 11, 2001 - Ongoing
- \*\*E.  "Joint Endeavor/Joint Guard" - Bosnia & Herzegovina                      November 20, 1995 - June 20, 1998
- \*\*F.  "Restore Hope" Mission - Somalia                      December 5, 1992 - March 31, 1994
- \*\*G.  Operation Desert Shield/Desert Storm Mission                      August 2, 1990 - February 28, 1991
- \*\*H.  Panama Peacekeeping Mission                      December 20, 1989 - January 31, 1990
- \*\*I.  Grenada Peacekeeping Mission                      October 23, 1983 - November 21, 1983
- \*\*J.  Lebanon Peacekeeping Mission of 1982                      September 26, 1982 - December 1, 1987
- K.  Vietnam Conflict                      December 31, 1960 - May 7, 1975
- \*\*L.  Lebanon Crisis of 1958                      July 1, 1958 - November 1, 1958
- M.  Korean Conflict                      June 23, 1950 - January 31, 1955
- N.  World War II                      September 16, 1940 - December 31, 1946

**\*\*NOTE** - Peacekeeping Missions require a minimum of 14 days service in the actual conflict area except where service-incurred injury or disability occurs in the conflict area, 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. The Bosnia and Herzegovina conflict area also includes the airspace above those nations.

**5. VETERAN/SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF VETERAN OR SERVICEPERSON (Check A, B, or C)**

- A.  Honorably discharged veteran with active wartime service in the United States Armed Forces.  
ATTACH copy DD214.
- B.  Surviving spouse/civil union or domestic partner of honorably discharged veteran with active wartime service in the United States Armed Forces; **and**  
 I have not remarried/formed a new registered civil union or domestic partnership.  
ATTACH copy DD214 if not previously provided by veteran claimant.
- C.  Surviving spouse/civil union or domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; **and**  
 I have not remarried/formed a new registered civil union or domestic partnership.  
ATTACH copy Military Notification of Death.

**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, year prior to the tax year for which deduction is claimed

**\*\*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 are a Tenant-Shareholder.**

6b. Corporation Name of Cooperative or Mutual Housing \_\_\_\_\_

Co-Op/M.H. Corp. Street Address \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_  
\$ \_\_\_\_\_ Net Property Tax Amount for Unit  Co-op  Mutual Housing Corp.

**7. CITIZENSHIP & RESIDENCY (Check A or B)**

- A.  I, the above claimant veteran, was a citizen and domiciliary (legal) resident of New Jersey as of October 1 of the pretax year.
- B.  I, the above claimant surviving spouse/civil union or domestic partner, was a citizen and domiciliary (legal) resident of New Jersey as of October 1 of the pretax year; **and**  
 My deceased veteran or serviceperson spouse/civil union or domestic partner 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.
- I am receiving a Veteran's Property Tax Deduction for the same tax year on the following property:

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 I will be subject to penalties for perjury if they are falsified.

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

# GENERAL GUIDELINES

## 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 2017, the pretax year filing period would be October 1 - December 31, 2016 with the assessor and the tax year filing period would be January 1 - December 31, 2017 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 the 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 domiciliary (legal) resident of New Jersey.

B. Surviving Spouse/Civil Union or Domestic Partner 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/formed a new registered civil union or domestic partnership;
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 (609) 530-6958 or (609) 530-6854. The United States Department of Veterans Affairs may be contacted at 1-800-827-1000.

**ACTIVE SERVICE TIME OF WAR DEFINED** - means military service during one or more of the specific periods listed under #4 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/CIVIL UNION OR DOMESTIC PARTNER DEFINED** - means the lawful widow or widower/civil union or domestic partner of a qualified New Jersey resident veteran or serviceperson, who has not remarried/formed a new registered civil union or domestic partnership.

**\*\*NOTE** - A surviving spouse/civil union or domestic partner though a New Jersey resident himself/herself is not entitled to a deduction if the deceased veteran/serviceperson spouse/civil union or domestic partner 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 the 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 or the U.S. Department of Veterans Affairs.

**SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER** - Death Certificate of decedent, marriage license/civil union or domestic partnership registration certificate.

**OWNERSHIP** - real property deed, executory contract for property purchase; or Probated Last Will and Testament if by devise (leaving real property to beneficiaries named in a will). If intestate (without a will), provide 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.

# SUPPLEMENTAL FORM FOR PEACEKEEPING MISSIONS & OPERATIONS

This form is no longer required for Disabled Veteran Exemption claims as amended by P.L.2017 c.367.

The veteran provides this form in addition to the Form DD-214, Armed Forces of the United States Report of Transfer or Discharge, when the DD-214 is not specific about the details of participation in a Peacekeeping Mission/Operation. To qualify for the \$250 Veteran Property Tax Deduction based on Peacekeeping Missions/Operations, the Veteran must have one of the following types of service for a total of 14 days, unless injured in a combat zone.\*

1. Service in the specific country for the Peacekeeping Mission/Operation, OR
2. Service on board any ship actively engaged in patrolling the territorial waters of the specific country for the Peacekeeping Mission/Operation, OR
3. Service in the airspace above the Republic of Bosnia and Herzegovina.

\*The 14-day requirement is waived when the veteran received a service injury in a combat zone. In that case, the veteran's service is sufficient even if the veteran served less than 14 days in the combat zone.

If Active Wartime Service Period was as part of a Peacekeeping Mission/Operation, as indicated on Form V.S.S., Veteran/or Surviving Spouse/Surviving Civil Union Partner/Surviving Domestic Partner of a Veteran or Serviceperson Claim for Property Tax Deduction, please provide the following information regarding that service:

## 1. CLAIMANT NAME

Name of Claimant Owner \_\_\_\_\_

## 2. CLAIMED PROPERTY LOCATION

Street Address                      Unit #, if Co-Op                      City/Town                      Zip Code                      Telephone Number

County    Municipality

Block    Lot    Qualifier

Mailing Address if different from Claimed Property Location \_\_\_\_\_

## 3. SERVICE IN THE SPECIFIC COUNTRY

Name of the Country \_\_\_\_\_  
Actual Dates of Service in the Combat Zone \_\_\_\_\_

## 4. SERVICE ON BOARD A SHIP

Name of the Vessel \_\_\_\_\_  
Name of Territorial Waters Patrolled \_\_\_\_\_  
Actual Dates of Service Patrolling the Waters \_\_\_\_\_

## 5. SERVICE IN AIRSPACE

Name of the Country \_\_\_\_\_  
Actual Dates of Service in Combat Airspace \_\_\_\_\_

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 \_\_\_\_\_

Additional proofs for the requirement of Active Wartime Service may be:

1. Military Certificate indicating your participation in the Mission/Operation and the actual dates of service.
2. Deployment Orders.
3. Pay stubs indicating endangerment pay for the time period required.
4. Letter from Military Officer on official letterhead indicating the location, date and type of service.
5. Any other official document to support your claim.

