

# CERTIFICATION OF ELIGIBILITY TO CONTINUE RECEIPT OF DISABLED VETERAN'S REAL PROPERTY TAX EXEMPTION

N.J.S.A. 54:4-3.30 et seq. N.J.A.C. 18:28-1.1 et seq.

**IMPORTANT: File this completed certification with your municipal assessor.**

## 1. CLAIMANT NAME

Name(s) of disabled veteran claimant owner (and spouse/civil union partner, as tenants by entirety, or domestic partner) or of disabled veteran's surviving spouse/surviving civil union partner/surviving domestic partner permanently residing in dwelling.

## 2. DWELLING LOCATION

Street Address of above claimant owner's principal residence      Phone #      Email

County      Municipality

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

YES    NO    I am the Disabled Veteran exemption claimant and a legal resident of New Jersey and I occupy the dwelling listed on this form as my principal place of residence.

YES    NO    I, as the Disabled Veteran exemption claimant, own the property as:

the sole owner.       the life tenant.       tenant-in-common with \_\_\_\_\_% ownership.

the owner with my spouse as tenants by the entirety.       joint tenant with \_\_\_\_\_% ownership.

the owner with my civil union partner as tenants by the entirety.       the owner with my domestic partner.

YES    NO    My wartime service-connected disability, as declared by the United States Veterans' Administration, remains 100% total and permanent.

YES    NO    I have not claimed, nor am I receiving any other Disabled Veterans' Exemption under this act (N.J.S.A. 54:4-3.30 et seq.) on any other property owned by me, or by me and my spouse/civil union partner/domestic partner, that is located in New Jersey.

YES    NO    I am receiving another disabled veteran's exemption on Block \_\_\_\_\_ Lot \_\_\_\_\_ Qual \_\_\_\_\_  
Property located at \_\_\_\_\_  
Address \_\_\_\_\_

YES    NO    I am the New Jersey resident surviving spouse/surviving civil union partner/surviving domestic partner of a totally and permanently disabled war veteran as specified in N.J.S.A. 54:4-3.30 et seq. and N.J.A.C. 18:28-1.1 et seq. and I occupy the dwelling listed on this form as my principal place of residence.

YES    NO    I have not remarried nor entered into a new civil union/domestic partnership.

YES    NO    I, as the surviving spouse/surviving civil union partner/surviving domestic partner, own the property as:

the sole owner.     the life tenant.     tenant-in-common with \_\_\_\_\_% ownership.     joint tenant with \_\_\_\_\_% ownership.

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 veteran claimant      Date

Signature of surviving spouse/surviving civil union partner/surviving domestic partner      Date

OFFICIAL USE ONLY - Block _____ Lot _____ Qual. _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disallowed
Assessor	Date	