

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	