

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

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BEHNKE, KENNETH P
191 RAMBLER AVE
NEW MILFORD NJ 07646

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| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 191 RAMBLER AVE | | | |
| Parcel Key: 104 | Block: 23 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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RO, CHI KA
69 CANTERBURY LN
NEW MILFORD NJ 07646

| | |
|--|--|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|--|--------|-------------------|-------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 69 CANTERBURY LANE | | | |
| Parcel Key: | 104.03 | Block: | 69 |
| Lot: | | Qualifier: | C0069 |
| Name and 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 | |
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Signature of Claimant

Date

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1

WILLER, MARGARET E
1125 STEUBEN AVE
NEW MILFORD NJ 07646

L

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-------------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 1125 STEUBEN AVE | | | |
| Parcel Key: 111 | Block: 1.01 | Lot: | Qualifier: |
| Name and 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 | |
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Signature of Claimant

Date

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KANG, PUYOL
186 CLINTON AVE
NEW MILFORD NJ 07646

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|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 186 CLINTON AVE | | | |
| Parcel Key: 114 | Block: 10 | Lot: | Qualifier: |
| Name and 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 | |
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Signature of Claimant

Date

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STAVROU, PATROKLOS
234 RAMBLER AVE
NEW MILFORD NJ 07646

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|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 234 RAMBLER AVE | | | |
| Parcel Key: 117 | Block: 11 | Lot: | Qualifier: |
| Name and 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 | |
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Signature of Claimant

Date

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ALEX&SONS REAL EST INVESTMENT LLC
249 GREVE DR
NEW MILFORD, NJ 07646

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|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 1125 SHERIDAN ST | | | |
| Parcel Key: 202 | Block: 21 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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| Signature of Claimant | Date |
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**SEE REVERSE SIDE
FOR INSTRUCTIONS**

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KLIMCAK, MARY B
163 RIVER LANE
NEW MILFORD NJ 07646

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| | |
|---|---|
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| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
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| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 163 RIVER LANE | | | |
| Parcel Key: 301 | Block: 19 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

1

MARSHALL, PETER
198 TROTTA DR
NEW MILFORD, NJ 07646

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| | |
|--|--|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|--|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 198 TROTTA DR | | | |
| Parcel Key: 304 | Block: 4 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|--|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined | |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. <input type="checkbox"/> WILL exceed \$10,000. | |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

1

KIASEVICZ, NANCY
1020 RIVER RD
NEW MILFORD, NJ 07646

L

| | |
|----|--|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|--|-----|-------------------|---|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 1020 RIVER RD | | | |
| Parcel Key: | 308 | Block: | 6 |
| Lot: | | Qualifier: | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

TSAKALIS, JOHN
1026 RIVER RD
NEW MILFORD NJ 07646

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 1026 RIVER RD | | | |
| Parcel Key: 308 | Block: 8 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

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STREICHER, LILLIAN D
204 WOODLAND RD
NEW MILFORD NJ 07646

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| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 204 WOODLAND RD | | | |
| Parcel Key: 318 | Block: 2 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

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|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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ARANE0, LOUIS & MARGHERITA
206 WOODLAND RD
NEW MILFORD NJ 07646

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| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 206 WOODLAND RD | | | |
| Parcel Key: 318 | Block: 3 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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GAMEZ-VALDEZ, GERBERTH&GAMEZ, NOEMI
975 RIVER RD
NEW MILFORD, NJ 07646

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

2. LOCATION OF CLAIMED DWELLING HOUSE

Municipality of: NEW MILFORD BOROUGHCounty of: BERGEN

Street Address or Unit Number: 975 RIVER RD

Parcel Key: 318Block: 54Lot:Qualifier:

Name and Address of Cooperative or Mutual Housing Corporation, if applicable:

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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year)

☐ DID NOT exceed \$10,000. ☐ DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined

4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR

I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year)

☐ WILL NOT exceed \$10,000. ☐ WILL exceed \$10,000.

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/civil union 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/surviving civil union partner, I have not remarried/entered into a new civil union partnership.

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/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

WARNING

Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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

Signature of Collector

Date

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

PATEL, DILIP & RANJAN
207 DAHLIA AVE
NEW MILFORD NJ 07646

L

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 207 DAHLIA AVE | | | |
| Parcel Key: 408 | Block: 19 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

1

WESTERVELT, JAIME L & DAVID
313 HOFFMAN AVE
NEW MILFORD, NJ 07646

L

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 313 HOFFMAN AVE | | | |
| Parcel Key: 701 | Block: 3 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

1

MIRZA, MARY
393 HOFFMAN AVE
NEW MILFORD NJ 07646

| | |
|--|--|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|--|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 393 HOFFMAN AVE | | | |
| Parcel Key: 702 | Block: 6 | Lot: | Qualifier: |
| Name and 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

1

STUART, FLORENCE
464 LUHMANN DR
NEW MILFORD NJ 07646

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| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|---------------------|------------|--------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: | NEW MILFORD BOROUGH | County of: | BERGEN |
| Street Address or Unit Number: | 464 LUHMANN DR | | |
| Parcel Key: | 711 | Block: | 7 |
| Lot: | | Qualifier: | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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CHAROONSRI SWAD, PISIT
429 CYPRESS CT
NEW MILFORD, NJ 07646

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| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 429 CYPRESS CT | | | |
| Parcel Key: 805 | Block: 5 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "none":

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Signature of Claimant

Date

| | |
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| WARNING | |
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| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

WIESSNER, DORATHEA E
727 CHESTNUT ST
NEW MILFORD, NJ 07646

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| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 727 CHESTNUT ST | | | |
| Parcel Key: 812 | Block: 13 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
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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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "none":

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Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

LITTLE, DANIELLE
356 HOFFMAN AVE
NEW MILFORD, NJ 07646

L

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 356 HOFFMAN AVE | | | |
| Parcel Key: 815 | Block: 10 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

1

NEHER, BERTHA
801 BEECH PL
NEW MILFORD NJ 07646

2

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 801 BEECH PL | | | |
| Parcel Key: 823 | Block: 11 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MARCHELLO, VINCENT TRSTE
644 ASBURY ST
NEW MILFORD, NJ 07646

L

J

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 644 ASBURY ST | | | |
| Parcel Key: 904 | Block: 23 | Lot: | Qualifier: |
| Name and 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
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| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

MAURICE, FLORENCE
544 DUKE RD
NEW MILFORD NJ 07646

L

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 544 DUKE RD | | | |
| Parcel Key: 1009 | Block: 15 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

HACHE, ABRAHAM J & RITA Y
547 PLYMPTON ST
NEW MILFORD NJ 07646

L

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 547 PLYMPTON ST | | | |
| Parcel Key: 1012 | Block: 25 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
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| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

CHAPAS, PETER
591 DUKE RD
NEW MILFORD NJ 07646

L

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 591 DUKE RD | | | |
| Parcel Key: 1014 | Block: 10 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|--|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
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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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. <input type="checkbox"/> WILL exceed \$10,000. | |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "none":

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Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
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| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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**SEE REVERSE SIDE
FOR INSTRUCTIONS**

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CITARELLA, STEVEN
148 S PARK DR
NEW MILFORD NJ 07646

L

J

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 148 S PARK DR | | | |
| Parcel Key: 1102 | Block: 13 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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WALSH, THOMAS M & SUSAN L
444 CHARLES ST
NEW MILFORD, NJ 07646

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 444 CHARLES ST | | | |
| Parcel Key: 1114 | Block: 9 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

WETZEL, RAYMOND F
333 SALEM ST
NEW MILFORD NJ 07646

L

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 333 SALEM ST | | | |
| Parcel Key: 1203 | Block: 22 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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LEOPOLD, ERNA MARTHA
291 MADISON AVE
NEW MILFORD, NJ 07646

L

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 291 MADISON AVE | | | |
| Parcel Key: 1204 | Block: 18 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

1

GERITY, EDWARD J & EILEEN
355 MADISON AVE
NEW MILFORD NJ 07646

L

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 355 MADISON AVE | | | |
| Parcel Key: 1211 | Block: 35 | Lot: | Qualifier: |
| Name and 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

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GUION, CLIFFORD H
457 CHARLES ST
NEW MILFORD NJ 07646

L

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 457 CHARLES ST | | | |
| Parcel Key: 1214 | Block: 3 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "none":

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Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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R&D LYNN LLC

725 RIVER RD

NEW MILFORD, NJ 07646

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 204 SUMMIT AVE | | | |
| Parcel Key: 1305 | Block: 4 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

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| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div><div>OFFICIAL USE ONLY</div></div> <div><input type="checkbox"/> Approved</div> | <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> |
| | Date |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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SCHUMACHER, THOMAS J & BARBARA
246 PROSPECT AVE
NEW MILFORD NJ 07646

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 246 PROSPECT AVE | | | |
| Parcel Key: 1310 | Block: 7 | Lot: | Qualifier: |
| Name and 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

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| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

| | |
|-----------------------|------|
| Signature of Claimant | Date |
|-----------------------|------|

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| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| Signature of Collector | |
| Date | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

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HULSEBOSCH, MARGARET
229 SUTTON PL
NEW MILFORD NJ 07646

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| | |
|----|--|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|--|------|-------------------|----|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 229 SUTTON PL | | | |
| Parcel Key: | 1404 | Block: | 15 |
| Lot: | | Qualifier: | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

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| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

1

LLULL, LOUISE
24 HARRISON ST
NEW MILFORD NJ 07646

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| | |
|----|--|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|--|------|-------------------|---|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 24 HARRISON ST | | | |
| Parcel Key: | 1503 | Block: | 8 |
| Lot: | | Qualifier: | |
| Name and 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

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|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| <div>Signature of Collector</div> <div>Date</div> | |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

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MORIARTY, MARIE
187 CENTER ST
NEW MILFORD NJ 07646

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| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 187 CENTER ST | | | |
| Parcel Key: 1509 | Block: 23 | Lot: | Qualifier: |
| Name and 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
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| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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PESLER, BEATRICE C
136 PINE AVE
NEW MILFORD NJ 07646

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| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 136 PINE AVE | | | |
| Parcel Key: 1515 | Block: 6 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "none":

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Signature of Claimant

Date

| | |
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| WARNING | |
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| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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**SEE REVERSE SIDE
FOR INSTRUCTIONS**

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STORICKS, ITALIA
119 LENOX AVE
NEW MILFORD NJ 07646

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J

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|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 119 LENOX AVE | | | |
| Parcel Key: 1518 | Block: 14 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
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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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
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| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|---|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div><div>OFFICIAL USE ONLY</div></div> <div><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</div> | <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

MC KAY, NANCY L
138 BOULEVARD
NEW MILFORD NJ 07646

L

J

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 138 BOULEVARD | | | |
| Parcel Key: 1522 | Block: 9 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|--|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined | |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. <input type="checkbox"/> WILL exceed \$10,000. | |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS**

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DAGHLIAN, KEGHANOUCHE
311 SHEA DR
NEW MILFORD NJ 07646

L

J

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

2. LOCATION OF CLAIMED DWELLING HOUSE

| | | | |
|---|---------------------|------------|--------|
| Municipality of: | NEW MILFORD BOROUGH | County of: | BERGEN |
| Street Address or Unit Number: | 311 SHEA DR | | |
| Parcel Key: | 1608 | Block: | 24 |
| | | Lot: | |
| | | Qualifier: | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year)

☐ DID NOT exceed \$10,000. ☐ DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined

4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR

I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year)

☐ WILL NOT exceed \$10,000. ☐ WILL exceed \$10,000.

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/civil union 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/surviving civil union partner, I have not remarried/entered into a new civil union partnership.

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/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

WARNING

Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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

Signature of Collector

Date

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

MICKE, EVELYN
305 LACEY DR
NEW MILFORD NJ 07646

L

J

| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

2. LOCATION OF CLAIMED DWELLING HOUSE

| | | | |
|---|---------------------|------------|--------|
| Municipality of: | NEW MILFORD BOROUGH | County of: | BERGEN |
| Street Address or Unit Number: | 305 LACEY DR | | |
| Parcel Key: | 1609 | Block: | 1 |
| | | Lot: | |
| | | Qualifier: | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year)

☐ DID NOT exceed \$10,000. ☐ DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined

4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR

I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year)

☐ WILL NOT exceed \$10,000. ☐ WILL exceed \$10,000.

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/civil union 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/surviving civil union partner, I have not remarried/entered into a new civil union partnership.

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/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

WARNING

Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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

Signature of Collector

Date

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

KLAWINOWSKI, ARTUR
339 SHEA DR
NEW MILFORD, NJ 07646

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J

| | |
|---|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A) | |
| B) | |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable | |
| Claimant's Social Security # | |
| Spouse's/Civil Union Partner's Social Security # | |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 339 SHEA DR | | | |
| Parcel Key: 1613 | Block: 14 | Lot: | Qualifier: |
| Name and 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income 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/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

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|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "none":

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Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

1

PRIORE, MATTHEW ETAL
144 CONCORD ST
NEW MILFORD, NJ 07646

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| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 144 CONCORD ST | | | |
| Parcel Key: 1703 | Block: 22 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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 REVERSE SIDE
FOR INSTRUCTIONS

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WOZNICKI, CHRISTINE
580 ELIZABETH ST
NEW MILFORD NJ 07646

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| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 580 ELIZABETH ST | | | |
| Parcel Key: 1706 | Block: 13 | Lot: | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

| | |
|--|---|
| 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
|---|--|
| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "none":

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Signature of Claimant

Date

| | |
|--|--|
| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |

ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER 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) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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FRENGUL, ZEKI & SUSLU
603 FERMERY DR
NEW MILFORD NJ 07646

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| | |
|----|---|
| 1. | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| | A) |
| | B) |
| | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |
| | Claimant's Social Security # |
| | Spouse's/Civil Union Partner's Social Security # |

| | | | |
|---|-----------|-------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: NEW MILFORD BOROUGH | | County of: BERGEN | |
| Street Address or Unit Number: 603 FERMERY DR | | | |
| Parcel Key: 1709 | Block: 17 | Lot: | Qualifier: |
| Name and 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/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2022 (year) | |
| <input type="checkbox"/> DID NOT exceed \$10,000. | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

| | |
|---|--|
| 4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR | |
| I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year 2023 (year) | |
| <input type="checkbox"/> WILL NOT exceed \$10,000. | <input type="checkbox"/> WILL exceed \$10,000. |

| | |
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| 5. REAFFIRMATION OF ELIGIBILITY | |
| <input type="checkbox"/> 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/civil union 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership. | |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed. | |
| C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more. | |

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status, disablement etc.; if none, state "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. I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.

Signature of Claimant

Date

| | |
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| WARNING | |
| Failure to timely file this statement with the collector or to submit proof of income as he or she requires 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. | |
| ===== | |
| <div>OFFICIAL USE ONLY</div> | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>Signature of Collector</div> <div>Date</div> |