

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

PALINSKI, JEAN E
225 GAUNT DR
MICKLETON, NJ 08056

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 225 GAUNT DR			
Block: 201.04	Lot: 13	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: 2024 (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 2025 (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.	
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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>

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1

MILLER, WALLACE
371 FRIENDSHIP RD
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 371 FRIENDSHIP RD			
Block: 204	Lot: 19	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: 2024 (year)

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

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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.

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Signature of Claimant

Date

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=====

OFFICIAL
USE
ONLY

☐ Approved
☐ Disapproved

Signature of Collector

Date

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1

AURAND, KATHLEEN M
41 WOODBURY CT
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 41 WOODBURY CT			
Block: 206	Lot: 10.52	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: 2024 (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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A. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership.	
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C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more.	

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Signature of Claimant

Date

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1

URBAN, LOLA J
53 W COHAWKIN RD
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 53 W COHAWKIN RD			
Block: 206	Lot: 18	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: 2024 (year)	
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1

MCGOURN, JAMES
22 HEIRLOOM DR
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 22 HEIRLOOM DR			
Block:	206.02	Lot:	20
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: 2024 (year)	
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1

KEEGAN, CATHERINE M
34 CURRANT DR
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 34 CURRANT DR			
Block: 206.03	Lot: 13	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: 2024 (year)	
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BUTLER, MICHAEL A & SEALE, REBECCA
100 JUBILEE DR
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 100 JUBILEE DR			
Block:	206.05	Lot:	28
Qualifier:			
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED

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Signature of Claimant

Date

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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

GALLAGHER, MARK R JR
123 GREENWICH AVE
PAULSBORO, NJ 08066

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 13 W COHAWKIN RD			
Block: 707	Lot: 44	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: 2024 (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 2025 (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.	
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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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CLEMENTE, ARMANDO & ELENA
7 BODO OTTO DR
MICKLETON, NJ 08056

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 7 BODO OTTO DR			
Block:	1011	Lot:	50
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: 2024 (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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Signature of Claimant

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REILLY, JOHN D & JOAN E
214 LEONARD AVE
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 214 LEONARD AVE			
Block:	1302.02	Lot:	1
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: 2024 (year)	
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Signature of Claimant

Date

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CARTAGENA, DONNA & MELISSA J
209 E COHAWKIN RD
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 209 E COHAWKIN RD			
Block:	1302.02	Lot:	26
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: 2024 (year)

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

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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.

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Signature of Claimant

Date

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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.

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COLONNA, NICHOLAS P
177 BILLOWS DR
MT ROYAL, NJ 08061

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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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 177 BILLOWS DR			
Block: 1401.10		Lot: 17	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: 2024 (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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A. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership.	
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Signature of Claimant	Date
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Signature of Collector	
Date	

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CORABI,VINCENT TRUSTEE
153 WINDSOR WAY
MT ROYAL, NJ 08061

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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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 153 WINDSOR WAY			
Block:	1403.03	Lot:	26
Qualifier:			
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
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CAREY, ROBERT
PO BOX 62
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 23 SOMERS AVE			
Block: 1504		Lot: 8	Qualifier:
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
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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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ALLEN, JOSEPH W & KATHERINE B
31 WEATHERBY AVE
CLARKSBORO, NJ 08020

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 31 WEATHERBY AVE			
Block: 1508	Lot: 13	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: 2024 (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 2025 (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.	
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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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ASKIN, MURIEL H ESTATE & GEORGIA
123 THOMPSON AVE
MT ROYAL, NJ 08061

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: EAST GREENWICH TWP.		County of: GLOUCESTER	
Street Address or Unit Number: 123 THOMPSON AVE			
Block: 1704	Lot: 2	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: 2024 (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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Signature of Claimant

Date

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