

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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JOSHI, ARUNKANT M.& ILABEN
6904 JACKSON ST.
GUTTENBERG, NJ 07093

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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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 6904 JACKSON ST.			
Parcel Key: 7	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: 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.	
=====	
<div>OFFICIAL USE ONLY</div>	<div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div>
Signature of Collector	
Date	

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1

SCHOENFELD, MARINA
526 70TH ST
GUTTENBERG, NJ 07093

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:	GUTTENBERG TOWN	County of:	HUDSON
Street Address or Unit Number:	526 70TH ST.		
Parcel Key:	11	Block:	21
		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: 2024 (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 2025 (year)

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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":

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Signature of Claimant

Date

WARNING

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OFFICIAL
USE
ONLY

☐ Approved

☐ Disapproved

Signature of Collector

Date

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1

LYONS, MARIA
321A 71ST ST.
GUTTENBERG NJ 07093

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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 321A 71ST ST.			
Parcel Key: 22	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: 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.	
B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed.	
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*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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ATOA, JULIO & GONZALEZ, VILMA (S)
318 71ST ST.
GUTTENBERG NJ 07093

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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 318 71ST ST.			
Parcel Key: 23	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: 2024 (year)	
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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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1

HAMBOR, FRANK(S&V)
240 68TH ST.
GUTTENBERG NJ 07093

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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 240 68TH ST.			
Parcel Key: 24	Block: 40	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: 2024 (year)	
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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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RODRIGUEZ, MOISES (S) & MADELENE
79 69TH ST.
GUTTENBERG, NJ 07093

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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 79 69TH ST.			
Parcel Key: 34	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: 2024 (year)	
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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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KALLOPOULOS, DESPINA
63 70TH STREET
GUTTENBERG, NJ 07093

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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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 63 70TH ST.			
Parcel Key: 35	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: 2024 (year)	
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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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MENDELOVICI, RAUL & ANUTA
7000 BLVD EAST APT 31G
GUTTENBERG, NJ 07093

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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 7000 BLVD EAST APT 31G			
Parcel Key: 43.01	Block: 31.07	Lot:	Qualifier: C131G
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: <u>2024</u> (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 <u>2025</u> (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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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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RACKETT, PEGGY (D)
7002 BLVD EAST APT 5H
GUTTENBERG NJ 07093

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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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 7002 BLVD EAST APT 5H			
Parcel Key: 43.02	Block: 5.08	Lot:	Qualifier: C205H
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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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.*	
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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.	
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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CANO, SOKOL & TULLU-CANO, ELIZABETH
7002 BLVD EAST APT 33H
GUTTENBERG, NJ 07093

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: GUTTENBERG TOWNCounty of: HUDSON

Street Address or Unit Number: 7002 BLVD EAST APT 33H

Parcel Key: 43.02Block: 33.08Lot: Qualifier: C233H

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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☐ 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

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OFFICIAL
USE
ONLY

☐ Approved
☐ Disapproved

Signature of Collector

Date

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DIJIANI, SERGIO
7004 BLVD EAST APT 36C
GUTTENBERG, NJ 07093

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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: GUTTENBERG TOWN		County of: HUDSON	
Street Address or Unit Number: 7004 BLVD EAST APT 36C			
Parcel Key: 43.03	Block: 36.03	Lot:	Qualifier: C336C
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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