

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

JENSEN, SARAH
108 SHORELAND CIR
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 108 SHORELAND CIR			
Block: 4	Lot: 107	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

MARCHIE, JR, MICHAEL
135 HARBOR WAY
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 135 HARBOR WAY			
Block: 5	Lot: 135	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

OSBORNE, JOHN & LOU ANN
158 TWILIGHT AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 158 TWILIGHT AVE			
Block: 6	Lot: 158	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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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

WARNING

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OFFICIAL
USE
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☐ Approved
☐ Disapproved

Signature of Collector

Date

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1

MOLON, MARIA DE FATIMA
254 BEACHWOOD AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 254 BEACHWOOD AVE			
Block: 9	Lot: 254	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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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)

☐ WILL NOT exceed \$10,000.

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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.

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Signature of Claimant

Date

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OFFICIAL
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☐ Approved

☐ Disapproved

Signature of Collector

Date

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1

NEMETH, SHEILA
354 SHORELAND CIR
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 354 SHORELAND CIR			
Block: 11	Lot: 354	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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Date	

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HERNANDEZ, RAUL & ELIZABETH

385 ORCHARD AVE

LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 385 ORCHARD AVE			
Block: 15		Lot: 385	
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 Collector

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1

MILLER, CATHERINE
440 BROOKSIDE AVE
LAURENCE HARBOR NJ 08879

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 440 BROOKSIDE AVE			
Block: 17	Lot: 439	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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FOR INSTRUCTIONS

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STEPHENS, WALLACE & CAROL ANN
279 PROSPECT AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 279 PROSPECT AVE			
Block: 18	Lot: 277	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	

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

MAJESKI, RICHARD
490 BROOKSIDE AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 490 BROOKSIDE AVE			
Block: 19	Lot: 490.11	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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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

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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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FOR INSTRUCTIONS

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ANDERSSON, A & LAUFFENBURGER, L A
784 GREENWOOD AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 784 GREENWOOD AVE			
Block: 23		Lot: 784	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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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.

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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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☐ 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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DEMARCO, JOSEPH & PATRICIA DIANE
68 RAVINE AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 68 RAVINE AVE			
Block: 37		Lot: 67	
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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☐ 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.

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Signature of Claimant

Date

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OFFICIAL
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☐ 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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

OLSEN, JOANNA
210 HILLCREST AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 210 HILLCREST AVE			
Block: 37	Lot: 210.11	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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OFFICIAL
USE
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☐ 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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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CARDOSO, FATIMA
287 NORWOOD AVE
LAURENCE HARBOR NJ 08879

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 287 NORWOOD AVE			
Block: 41		Lot: 287	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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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.	
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Signature of Claimant

Date

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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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MUSCARI, BARBARA
299 NORWOOD AVE
LAURENCE HARBOR NJ 08879

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 299 NORWOOD AVE			
Block:	41	Lot:	298.11
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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<div>Signature of Collector</div> <div>Date</div>	

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HOOVEN, MILDRED
230 HILLCREST AVE
LAURENCE HARBOR NJ 08879

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:	OLD BRIDGE TOWNSHIP	County of:	MIDDLESEX
Street Address or Unit Number:	230 HILLCREST AVE		
Block:	42	Lot:	230
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)

☐ 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

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D'ALTERIO, JOSEPH & MARYANN
652 WOODLAND AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 652 WOODLAND AVE			
Block:	43	Lot:	652.11
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.	
=====	
<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

STEFANSKI, MARIA F
88 ROOSEVELT AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 88 ROOSEVELT AVE			
Block: 51	Lot: 88.11	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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<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

BUTALA, MARY
104 ROOSEVELT AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 104 ROOSEVELT AVE			
Block: 52	Lot: 103	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":

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Signature of Claimant

Date

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=====	
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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

1

STASALIS, DINA A
147 MC KINLEY AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 147 MC KINLEY AVE			
Block: 53		Lot: 147	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)

☐ 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":

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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FUTERNIK,VLADLEN& RAKHIL & ANATOLIY
265 GARFIELD AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 265 GARFIELD AVE			
Block: 55	Lot: 264.11	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.	
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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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WARNING	
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=====	
<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

BLAKE, GEORGE & CELESTE
288 LINCOLN AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 288 LINCOLN AVE			
Block: 55	Lot: 288	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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=====	
<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

FUNG, HELEN TSUI HUENG
330 MONROE AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 330 MONROE AVE			
Block: 56	Lot: 329	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.	
=====	
<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

GERLACH, JOANN M
335 MONROE AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 335 MONROE AVE			
Block: 56	Lot: 335	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.*	
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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":

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Signature of Claimant

Date

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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

UTTER, EDWARD & VERONICA
371 MADISON AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 371 MADISON AVE			
Block: 57	Lot: 371	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":

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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.	
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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

Γ

Τ

TROFINOW, MARIA
455 HARDING RD
LAURENCE HARBOR NJ 08879

L

Δ

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 455 HARDING RD			
Block: 61		Lot: 454	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":

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Signature of Claimant

Date

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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

WESP, THOMAS F
482 HARDING RD
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 482 HARDING RD			
Block: 61	Lot: 482	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)	
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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.	
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Signature of Claimant

Date

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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

MATAK, FRANCIS
486 HARDING RD
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 486 HARDING RD			
Block:	61	Lot:	485.11
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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<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

IGLESIAS, CARLOS & NOEMI
488 HARDING RD
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 488 HARDING RD			
Block: 61	Lot: 487.11	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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=====	
<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

HUGHES, SHARON
4 BLVD SOUTH
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4 BLVD SOUTH			
Block: 219	Lot: 38	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.	
=====	
<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

Γ

1

FALZARANO, CAMILLE
115 BLVD WEST
CLIFFWOOD BEACH NJ 07735

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:	OLD BRIDGE TOWNSHIP	County of:	MIDDLESEX
Street Address or Unit Number:	115 BLVD WEST		
Block:	221	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)

☐ 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)

☐ 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.

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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

ROSAS, ELIZABETH
7 SUMMERFIELD AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 7 SUMMERFIELD AVE			
Block: 1000	Lot: 7	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)

☐ 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.

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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

MATEYAK, JR. THOMAS & ANNE
192 FURMAN BLVD
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 192 FURMAN BLVD			
Block: 1060	Lot: 192.11	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	
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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

COLLINS, JANET
388 OCEAN BLVD
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 388 OCEAN BLVD			
Block: 1062	Lot: 388.11	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.	
=====	
<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

MAGARELLI, JOSEPH
68 OCEAN BLVD
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 68 OCEAN BLVD			
Block: 1064	Lot: 68	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	
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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

MASKEVICH, LISA
249 GREENWOOD DR
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 249 GREENWOOD DR			
Block: 1065	Lot: 248	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)

☐ 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":

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Signature of Claimant

Date

WARNING

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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

ADAMIEC, JOHN
181 GREENWOOD DR
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 181 GREENWOOD DR			
Block: 1067	Lot: 181	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)

☐ 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

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1

GAIND, JANAK
216 BIRCHWOOD DR
CLIFFWOOD BEACH NJ 07735

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 216 BIRCHWOOD DR			
Block: 1067	Lot: 216	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	
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=====	
<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

STOCKINGER, KENNETH F
218 BIRCHWOOD DR
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 218 BIRCHWOOD DR			
Block: 1067	Lot: 218	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)

☐ 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.

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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STEPNOWSKI, RAYMOND & DIANA
89 OCEAN BLVD
CLIFFWOOD BEACH NJ 07735

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 89 OCEAN BLVD			
Block: 1074		Lot: 89	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.	
=====	
<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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CANGELOSI, LISA MARIE & ZEHL, H.
38 OCEAN BLVD
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 38 OCEAN BLVD			
Block: 1079.11		Lot: 38	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":

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Signature of Claimant	Date
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=====	
<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

GILMORE, CAROL J
110 PACIFIC BLVD
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 110 PACIFIC BLVD			
Block: 1080	Lot: 109.11	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	
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<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.*	
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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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=====	
<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

OSMOND, GEORGE & CHERYL
186 HILLTOP BLVD
CLIFFWOOD BEACH NJ 07735

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 186 HILLTOP BLVD			
Block: 1082	Lot: 185.11	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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<input type="checkbox"/> WILL NOT exceed \$10,000.	<input type="checkbox"/> WILL exceed \$10,000.

5. REAFFIRMATION OF ELIGIBILITY	
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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.	
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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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WARNING	
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=====	
<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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SIMMS, JAMES & EDNA
20 COLUMBUS AVE
CLIFFWOOD NJ 07721

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 20 COLUMBUS AVE			
Block: 2000.24		Lot: 6.11	
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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<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>
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

Γ

1

CORTEZ, RUBEN
266 BRITTON AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 266 BRITTON AVE			
Block: 2075		Lot: 265	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)

☐ 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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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RAMIREZ, AUGUSTO & MARIELA
244 BRITTON AVE
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 244 BRITTON AVE			
Block: 2078	Lot: 244	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)

☐ 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.

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

GRIVAS, GEORGETTE
106 MATAWAN RD
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 106 MATAWAN RD			
Block: 2079	Lot: 106	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	
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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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1

NEMETH, BARBARA
1142 ELY AVE
LAURENCE HARBOR NJ 08879

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1142 ELY AVE			
Block: 2083	Lot: 1141.11	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	
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=====	
<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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1

HENYECZ, MAUREEN
1128 RAYMOND PL
LAURENCE HARBOR NJ 08879

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1129 RAYMOND PL			
Block: 2085	Lot: 1129.11	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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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VELEZ, REINALDO & DAISY
970 MATAWAN RD
LAURENCE HARBOR NJ 08879

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 970 MATAWAN RD			
Block:	2088	Lot:	970
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	
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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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=====	
<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

BOGE, CATHLEEN
3 DALERON PL
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3 DALERON PL			
Block: 2150	Lot: 4	Qualifier: C0049	
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)

☐ 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

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RESANOVICH, CAROL A
19 BRIDGEPOINTE DR
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 19 BRIDGEPOINTE DR			
Block: 2150	Lot: 4	Qualifier: C0206	
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.	
=====	
<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

FONTANETTA, JOSEPH
28 HANNA LN
LAURENCE HARBOR NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 28 HANNA LN			
Block: 2150	Lot: 4	Qualifier: C0278	
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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<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

KEAK, ELLEN
16 ELLEN HEATH DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 16 ELLEN HEATH DR			
Block:	3230	Lot:	43
		Qualifier:	C0016
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)	
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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

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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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PESETSKY, PETER & JOAN
207 GORDON RD
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 207 GORDON RD			
Block: 3233	Lot: 3	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	
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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

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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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EL HAMAWY, BAHGAT&ABDELRAHMAN, RAWYA
6 SCHOOLHOUSE LN
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 6 SCHOOLHOUSE LN			
Block:	3233	Lot:	12
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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5. REAFFIRMATION OF ELIGIBILITY	
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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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=====	
<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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RUGGIERO, BARTHOLOMEW & CAROLYN
18 GULFSTREAM BLVD
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 18 GULFSTREAM BLVD			
Block:	3236.14	Lot:	11
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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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.	

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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

1

STRACHMAN, JULES
165 PENN CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 165 PENN CT			
Block:	3236.24	Lot:	12.11
		Qualifier:	C0122
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)

☐ 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

KINGE, VICTORIA
167 PENN CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 167 PENN CT			
Block:	3236.24	Lot:	12.11
		Qualifier:	C0124
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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=====	
<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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DOMBROWSKI, JUNE & RUTH
44 HAVEN DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 44 HAVEN DR			
Block: 3500	Lot: 13	Qualifier: C0049	
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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<input type="checkbox"/> WILL NOT exceed \$10,000.	<input type="checkbox"/> WILL exceed \$10,000.

5. REAFFIRMATION OF ELIGIBILITY	
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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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<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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

SZOT, TERESA
21 NEVADA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 21 NEVADA CT			
Block:	3500	Lot:	13
		Qualifier:	C0111
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)	
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5. REAFFIRMATION OF ELIGIBILITY	
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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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=====	
<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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NOWECK, WILLIAM & EILEEN
70 HAVEN DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 70 HAVEN DR			
Block:	3500	Lot:	13
		Qualifier:	C0141
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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☐ WILL exceed \$10,000.

5. REAFFIRMATION OF ELIGIBILITY

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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

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

R

ROSTKOWSKA, BERNARDETA
4-C UTAH DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4-C UTAH DR			
Block:	3500	Lot:	13
		Qualifier:	C0146
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	
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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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=====	
<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

BIERACH, GERALDINE
4-A UTAH DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4-A UTAH DR			
Block: 3500	Lot: 13	Qualifier: C0147	
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

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CHOOSE A, B, or C.

A.

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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POTTS, JOSEPH & JACQUELIN
14 NEBRASKA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 14 NEBRASKA DR			
Block:	3500	Lot:	13
		Qualifier:	C0169
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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<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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GALLUCCI, MARTIN & RITA & TRACY
4-D NEBRASKA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4-D NEBRASKA DR			
Block: 3500	Lot: 13	Qualifier: C0180	
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":

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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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MIKOL, BRUNO & ELIZABETH
3-B OHIO CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3-B OHIO CT			
Block: 3500	Lot: 13	Qualifier: C0229	
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

LAMPETER, BERTHA
3-A OHIO CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3-A OHIO CT			
Block: 3500	Lot: 13	Qualifier: C0231	
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)

☐ 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

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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

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1

GRZESIK, BARBARA
12 OHIO CT
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 12 OHIO CT			
Block: 3500	Lot: 13	Qualifier: C0235	
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	
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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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FUCHS, SYDNEY
4 OHIO CT
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4 OHIO CT			
Block:	3500	Lot:	13
		Qualifier:	C0243
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.*	
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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.	

*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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=====	
<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

TRONOLONE, NANCY
17 MINNESOTA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 17 MINNESOTA DR			
Block: 3500	Lot: 13	Qualifier: C0297	
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)

☐ 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.

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

PADOVANO, RICHARD
12-C UTAH DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 12-C UTAH DR			
Block:	3500	Lot:	13
		Qualifier:	C0372
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.	
=====	
<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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SHENODA, HESHMAT & BISADA, ISIS E
69-D GALEWOOD DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 69-D GALEWOOD DR			
Block:	3500	Lot:	13
		Qualifier:	C0374
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	

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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SHIELDS, PATRICIA & REESE, DEBRA ANN
69-B GALEWOOD DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 69-B GALEWOOD DR			
Block:	3500	Lot:	13
		Qualifier:	C0375
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	
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=====	
<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.

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FOR INSTRUCTIONS

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D'ALORA, RUTH E & MICHAEL
55-B GALEWOOD DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 55-B GALEWOOD DR			
Block:	3500	Lot:	13
		Qualifier:	C0403
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":

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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

1

CANDELMO, EDITH M
53-C GALEWOOD DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 53-C GALEWOOD DR			
Block:	3500	Lot:	13
		Qualifier:	C0408
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":

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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

1

DIBARI, DIANA
3-C UTAH DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3-C UTAH DR			
Block:	3500	Lot:	13
		Qualifier:	C0414
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)

☐ 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":

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

CONWAY, MARY
5-D UTAH DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 5-D UTAH DR			
Block:	3500	Lot:	13
		Qualifier:	C0420
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)

☐ 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.

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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SZPONAR, NATALIE M & GORALCZUK, W
1-C TEXAS CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIPCounty of: MIDDLESEX

Street Address or Unit Number: 1-C TEXAS CT

Block: 3500Lot: 13Qualifier: C0432

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)

☐ 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.

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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

BECK, GEORGE
1-A TEXAS CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1-A TEXAS CT			
Block: 3500	Lot: 13	Qualifier: C0433	
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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RYMAR,LYUDMILA & POSHERSTNIK,ANNA
8-D TEXAS CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 8-D TEXAS CT			
Block:	3500	Lot:	13
		Qualifier:	C0436
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	
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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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DASILVA, ANALIA
7-D PENNSYLVANIA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 7-D PENNSYLVANIA DR			
Block: 3500	Lot: 13	Qualifier: C0450	
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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LAMANNA, JOANNE
7-A PENNSYLVANIA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 7-A PENNSYLVANIA DR			
Block: 3500	Lot: 13	Qualifier: C0453	
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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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ASMANN, KENNETH R & ANNA
4-A PENNSYLVANIA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4-A PENNSYLVANIA DR			
Block:	3500	Lot:	13
		Qualifier:	C0467
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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

NICK, FLORENCE S
72-D HAVEN DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 72-D HAVEN DR			
Block:	3500	Lot:	13
		Qualifier:	C0500
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	
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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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=====	
<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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1

DEROSA, DIANE&ODDO, DONNA&INGENITO, A
3 LOUISIANA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3 LOUISIANA DR			
Block: 3500	Lot: 13	Qualifier: C0517	
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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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	
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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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MORIARTY, ANNA
5 LOUISIANA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 5 LOUISIANA DR			
Block:	3500	Lot:	13
		Qualifier:	C0519
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	
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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

LETO, ROSE
12-B LOUISIANA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 12-B LOUISIANA DR			
Block: 3500	Lot: 13	Qualifier: C0529	
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	
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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

PLUEMER, WILLIAM
4-C LOUISIANA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4-C LOUISIANA DR			
Block: 3500	Lot: 13	Qualifier: C0536	
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

MARTIN, CAROLE
28 IOWA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 28 IOWA CT			
Block: 3500	Lot: 13	Qualifier: C0575	
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)

☐ 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":

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

CAMARDA, MARIE
24 IOWA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 24 IOWA CT			
Block: 3500	Lot: 13	Qualifier: C0579	
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)

☐ 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":

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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AMIN FAMILY TRUST C/O PATEL, PINKAL
11732 TROTTER CROSSING LN
CLARKSVILLE MD 21029

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 44 GALEWOOD DR			
Block: 3500	Lot: 13	Qualifier: C0629	
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)

☐ 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.

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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

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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PITTIUS MARGARET
6 KANSAS CT
MATAWAN NJ 07747

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Δ

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 6 KANSAS CT			
Block:	3500	Lot:	13
		Qualifier:	C0667
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.	
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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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1

MENSCH, DANUTA
10-B MINNESOTA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 10-B MINNESOTA DR			
Block: 3500	Lot: 13	Qualifier: C0693	
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)
☐ 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

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O'MAHONEY, MARGARET MARY
8-C MINNESOTA DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 8-C MINNESOTA DR			
Block:	3500	Lot:	13
		Qualifier:	C0694
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	
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=====	
<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

MCCOLLUM, THERESA
10-D CALIFORNIA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 10-D CALIFORNIA CT			
Block:	3500	Lot:	13
		Qualifier:	C0716
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	
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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

WEAKLAND, THERESA J
6 CALIFORNIA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 6 CALIFORNIA CT			
Block:	3500	Lot:	13
		Qualifier:	C0721
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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DEMETRIOU, SAVVAS & PANAYIOTA
10-C MAINE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 10-C MAINE CT			
Block: 3500	Lot: 13	Qualifier: C0734	
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	

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

CASANOVA, LUCILLE A
10-B MAINE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 10-B MAINE CT			
Block: 3500	Lot: 13	Qualifier: C0737	
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.	

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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

1

SENEY, FRED
7 MAINE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 7 MAINE CT			
Block:	3500	Lot:	13
		Qualifier:	C0743
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)	
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5. REAFFIRMATION OF ELIGIBILITY	
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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.	
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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.

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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GASPARATOS, SOFIA & ANTONIOS
8-A MAINE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 8-A MAINE CT			
Block:	3500	Lot:	13
		Qualifier:	C0759
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	
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=====	
<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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SZOSTAK, PATRICIA & ANDREUZZI, L SR
6-C FLORIDA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 6-C FLORIDA CT			
Block: 3500	Lot: 13	Qualifier: C0774	
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

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5. REAFFIRMATION OF ELIGIBILITY

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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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FOR INSTRUCTIONS

1

GORAL, MARY
4 FLORIDA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4 FLORIDA CT			
Block:	3500	Lot:	13
		Qualifier:	C0785
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.

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Signature of Claimant

Date

WARNING

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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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FOR INSTRUCTIONS

1

CARRINO-LEE, ELIZABETH P
8 GALEWOOD DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 8 GALEWOOD DR			
Block: 3500	Lot: 13	Qualifier: C0787	
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)

☐ 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.

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MAMAKAS, NELLIE
6 GALEWOOD DR
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 6 GALEWOOD DR			
Block: 3500	Lot: 13	Qualifier: C0789	
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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<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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<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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FOR INSTRUCTIONS

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PERROW, BEVERLY
1 CALIFORNIA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1 CALIFORNIA CT			
Block:	3500	Lot:	13
		Qualifier:	C0793
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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<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.	
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Date

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<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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WIEDLOCHA, IZABELA
10 GALEWOOD DR
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 10 GALEWOOD DR			
Block: 3500	Lot: 13	Qualifier: C0797	
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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Signature of Claimant

Date

WARNING

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OFFICIAL
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☐ 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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FOR INSTRUCTIONS

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STEINER, MARY
2 GALEWOOD DR
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 2 GALEWOOD DR			
Block: 3500	Lot: 13	Qualifier: C0801	
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.	
=====	
<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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1

CHAIFETZ, ROSLYN
3-A KANSAS CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3-A KANSAS CT			
Block: 3500	Lot: 13	Qualifier: C0807	
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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<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.	
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Signature of Claimant	Date
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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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1

KRAUSE, ROBERT & HELEN
7-D ALABAMA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 7-D ALABAMA CT			
Block: 3500	Lot: 13	Qualifier: C0828	
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

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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

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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1

BACHOE, BERTILLA
9-D ALABAMA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 9-D ALABAMA CT			
Block: 3500	Lot: 13	Qualifier: C0832	
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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<input type="checkbox"/> WILL NOT exceed \$10,000.	<input type="checkbox"/> WILL exceed \$10,000.

5. REAFFIRMATION OF ELIGIBILITY	
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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.	
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Signature of Claimant

Date

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1

CORCHUELO, HUGO
11 ALABAMA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 11 ALABAMA CT			
Block: 3500	Lot: 13	Qualifier: C0835	
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. ☐ As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership.
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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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CAMERA, DOLORES
15-C ALABAMA CT
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 15-C ALABAMA CT			
Block:	3500	Lot:	13
		Qualifier:	C0838
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

ROZYCKA, TERESA
3 CONNECTICUT CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3 CONNECTICUT CT			
Block:	3500	Lot:	13
		Qualifier:	C0845
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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Signature of Collector	
Date	

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SEE REVERSE SIDE
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1

STEVENSON, ROBIN
8-C CONNECTICUT CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 8-C CONNECTICUT CT			
Block:	3500	Lot:	13
		Qualifier:	C0874
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.	
=====	
<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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1

GREAUX, MARY BETH
8-A CONNECTICUT CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 8-A CONNECTICUT CT			
Block:	3500	Lot:	13
		Qualifier:	C0875
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.	
=====	
<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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CONN, CATHERINE E
1-D DELAWARE CT
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1-D DELAWARE CT			
Block: 3500	Lot: 13	Qualifier: C0888	
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	
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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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ANDERSON, SANTOSHA & VIRGIL, WALTER
1-B DELAWARE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1-B DELAWARE CT			
Block:	3500	Lot:	13
		Qualifier:	C0889
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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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STRINGER, W. & M. & MC CORMICK, S.
3 DELAWARE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3 DELAWARE CT			
Block:	3500	Lot:	13
		Qualifier:	C0891
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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<input type="checkbox"/> WILL NOT exceed \$10,000.	<input type="checkbox"/> WILL exceed \$10,000.

5. REAFFIRMATION OF ELIGIBILITY	
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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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Signature of Claimant

Date

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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

MEURER, NANCY
11-D DELAWARE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 11-D DELAWARE CT			
Block: 3500	Lot: 13	Qualifier: C0900	
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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<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.	
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Signature of Claimant

Date

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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

COOKE, CAROLE
13-C DELAWARE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 13-C DELAWARE CT			
Block: 3500	Lot: 13	Qualifier: C0902	
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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<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.	

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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

1

BRENNAN, STEPHEN C
13-D DELAWARE CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 13-D DELAWARE CT			
Block:	3500	Lot:	13
		Qualifier:	C0904
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.	
=====	
<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

ALLEN, PATRICIA
9-B GEORGIA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 9-B GEORGIA CT			
Block: 3500	Lot: 13	Qualifier: C0941	
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)

☐ 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

Γ

1

KAHANE, STANLEY
3-A HAWAII CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3-A HAWAII CT			
Block: 3500	Lot: 13	Qualifier: C0963	
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.	
=====	
<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

BARILLAS, ANA VERONICA
5 HAWAII CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 5 HAWAII CT			
Block: 3500	Lot: 13	Qualifier: C0967	
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

WILDS, ELAINE
27 GALEWOOD DR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 27 GALEWOOD DR			
Block:	3500	Lot:	13
		Qualifier:	C1009
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":

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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

1

DECIA, GAIL
8-B INDIANA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 8-B INDIANA CT			
Block: 3500	Lot: 13	Qualifier: C1017	
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)

☐ 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":

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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LOPEZ-MARTINEZ, MILDRED
4 INDIANA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4 INDIANA CT			
Block:	3500	Lot:	13
		Qualifier:	C1023
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)

☐ 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":

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

Γ

1

CONNOLLY, CECILIA
142 WASHINGTON AVE
SOUTH AMBOY NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 142 WASHINGTON AVE			
Block:	4000.23	Lot:	3
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.	
=====	
<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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TESSER, NEAL & MARSHA
35 WASHINGTON AVE
SOUTH AMBOY NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 35 WASHINGTON AVE			
Block: 4000.27		Lot: 63	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)	
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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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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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FOR INSTRUCTIONS

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LEMAIRE, GERALD
23 WASHINGTON AVE
SOUTH AMBOY NJ 08879

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 23 WASHINGTON AVE			
Block:	4000.27	Lot:	69
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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Signature of Claimant

Date

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<div>Signature of Collector</div> <div>Date</div>	

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FOR INSTRUCTIONS

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SMOYAK, ERNEST & EVELYN
3062 BORDENTOWN AVE
PARLIN NJ 08859

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3062 BORDENTOWN AVE			
Block:	5000.11	Lot:	38
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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<div>Signature of Collector</div> <div>Date</div>	

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FOR INSTRUCTIONS

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JARRAL, SANAM T & JARAL, TANWEER W
3036 BORDENTOWN AVE
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3036 BORDENTOWN AVE			
Block:	5000.11	Lot:	51
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	
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Signature of Claimant

Date

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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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FOR INSTRUCTIONS

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BUONVINO, ALISA F
46 PRINCETON RD
PARLIN NJ 08859

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 46 PRINCETON RD			
Block: 5000.12		Lot: 4	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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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
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FITZGERALD, MICHAEL & MARY
3090 BORDENTOWN AVE
PARLIN NJ 08859

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3090 BORDENTOWN AVE			
Block: 5000.12		Lot: 30	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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Date

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FORZIATI, C &GAGLIANO, C&SABATINO, F

5 LEHIGH RD

PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 5 LEHIGH RD			
Block:	5000.14	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)	
<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.	
=====	
<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

1

SHICOFF, FINITA
95 PRINCETON RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 95 PRINCETON RD			
Block:	5000.15	Lot:	15
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	
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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

BANG, GERARD & ELEANOR
111 PRINCETON RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 111 PRINCETON RD			
Block:	5000.15	Lot:	22
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.	
=====	
<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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MONTANO, HUGO D & MARTHA
16 DARTMOUTH RD
PARLIN NJ 08859

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 16 DARTMOUTH RD			
Block: 5000.15		Lot: 42	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	
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<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

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JODAR, MARIA CRISTINA
96 PRINCETON RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 96 PRINCETON RD			
Block:	5000.17	Lot:	24
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	

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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FITZSIMMONS, MARY A-TRUSTEE
5 BUCKNELL RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 5 BUCKNELL RD			
Block: 5000.21		Lot: 3	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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5. REAFFIRMATION OF ELIGIBILITY	
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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.	
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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

HARTENIAS, VERA
28 HARVARD RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 28 HARVARD RD			
Block: 5000.21		Lot: 16	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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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.	
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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

1

HOMA, ARLENE
9 WELLESLEY RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 9 WELLESLEY RD			
Block:	5000.25	Lot:	5
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.	
=====	
<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

BUERGO, JUAN C & GRACE M
34 HARVARD RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 34 HARVARD RD			
Block:	5000.27	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)	
<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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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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=====	
<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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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└

SCHRECK, RICHARD & ELLEN
216 PRINCETON RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 216 PRINCETON RD			
Block:	5000.28	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)	
<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)	
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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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<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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FEENEY, CAROL & RYAN
29 CLEMSON RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 29 CLEMSON RD			
Block: 5000.29		Lot: 16	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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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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<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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VAZIRANI, AJIT & KOMAL
3036 CHEESEQUAKE RD
PARLIN NJ 08859

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3036 CHEESEQUAKE RD			
Block: 5000.29		Lot: 32	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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5. REAFFIRMATION OF ELIGIBILITY	
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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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Signature of Claimant

Date

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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

KIRK, SAUNDRA
27 BRANDEIS RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 27 BRANDEIS RD			
Block:	5000.31	Lot:	32
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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<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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OVERMERE, JR., EMIL & COLLEEN
156 PRINCETON RD
PARLIN NJ 08859

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 156 PRINCETON RD			
Block:	5000.32	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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Signature of Claimant	Date
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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

BHATTACHARYA, SUBRATO
105 BREWSTER CIR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 105 BREWSTER CIR			
Block: 5003		Lot: 42	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)

☐ 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

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CARMELA, DIROMA IRREVOCABLE TRUST
28 BREWSTER CIR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 30 BREWSTER CIR			
Block: 5004		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)

☐ 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)

☐ 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.

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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

AHMED, MOHAMED Y. & HASSAN, FATMA M
66 BREWSTER CIR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 66 BREWSTER CIR			
Block: 5004	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)	
<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.	
=====	
<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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BOHAN, ROSIE & DANIEL
15 AVERY DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 15 AVERY DR			
Block: 6401	Lot: 6	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)

☐ 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.

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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

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OCHNER, KATHLEEN & JOSHUA VINCENT
28 SANDFIELD RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 28 SANDFIELD RD			
Block: 8000		Lot: 27	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	

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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MUNUGALSHETTY, OLIVE
23 FRONT CT
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 23 FRONT CT			
Block:	9001	Lot:	23
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.	
=====	
<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

SAYED, MOHAMED & SALMA
198 STARLIGHT CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 198 STARLIGHT CT			
Block: 9002	Lot: 123	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	
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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

MIKOLAI, DONNA MARIA
213 COMMUNITY CIR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 213 COMMUNITY CIR			
Block:	9003	Lot:	5
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.	
=====	
<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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DOLAN, WILLIAM & DIANE
236 COMMUNITY CIR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 236 COMMUNITY CIR			
Block: 9003		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	
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	
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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":

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Signature of Claimant

Date

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

MINETELLO, KIMBERLY
12 LISA CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 12 LISA CT			
Block:	10252.18	Lot:	12
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	
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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":

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Signature of Claimant

Date

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<div>Signature of Collector</div> <div>Date</div>	

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MADURA, PHYLLIS
40 COTTRELL RD
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 40 COTTRELL RD			
Block: 10253		Lot: 22	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	
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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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*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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<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MOTOMAL, ALMA & TERESITA
112 PENDLETON PL
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 112 PENDLETON PL			
Block: 10256.23		Lot: 6	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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5. REAFFIRMATION OF ELIGIBILITY	
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Signature of Claimant	Date
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<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

LISNOW, RON & GAIL
130 PHILLIPS DR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 130 PHILLIPS DR			
Block: 10259.11		Lot: 3	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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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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SZUTYANYI, JOSEPH
31 SHADOWLAWN DR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 31 SHADOWLAWN DR			
Block: 10259.15		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

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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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O'CONNELL, JOAN
15 WHITEWOOD PL
OLD BRIDGE NJ 08857

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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:	OLD BRIDGE TOWNSHIP	County of:	MIDDLESEX
Street Address or Unit Number:	15 WHITEWOOD PL		
Block:	10259.16	Lot:	4
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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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)

☐ 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

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HARRIS, J & SCARAMUZZO, M E
39 BRAMBLE LN
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 39 BRAMBLE LN			
Block: 10260		Lot: 39	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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=====	
<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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SMITH-PEMBERTON, N A & SMITH, O
9 ANNIE DR
MATAWAN NJ 07747

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:	OLD BRIDGE TOWNSHIP	County of:	MIDDLESEX
Street Address or Unit Number:	9 ANNIE DR		
Block:	10261	Lot:	5
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)
☐ 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

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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FALCONE, FRANK & MARY
12 KNOLL CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 12 KNOLL CT			
Block: 11233	Lot: 42	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)

☐ 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

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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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FOR INSTRUCTIONS

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ESPOSITO, NEIL & ELEANOR
231 AMBOY RD
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 231 AMBOY RD			
Block: 11250		Lot: 10	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":

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Signature of Claimant

Date

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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

SILVER-LIDSKY, SHARON
49 LEXINGTON CIR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 49 LEXINGTON CIR			
Block: 11253	Lot: 25	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	
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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":

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Signature of Claimant

Date

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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AXELROD, ALLA
67 LEXINGTON CIR
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 67 LEXINGTON CIR			
Block: 11253	Lot: 34	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

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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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SEE REVERSE SIDE
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DI PISA, ROBERT & CATHERINE
45 LAKERIDGE DR
MATAWAN NJ 07747

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 45 LAKERIDGE DR			
Block: 12000.25		Lot: 27	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)	
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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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COLLETON, SEYMOUR & MILDRED
587 TICETOWN RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 587 TICETOWN RD			
Block: 12261	Lot: 32	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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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

SHERIDAN, CHARLES
12 COVENTRY CT
MATAWAN NJ 07747

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 12 COVENTRY CT			
Block:	12261.01	Lot:	2.11
		Qualifier:	C0012
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)	
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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

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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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FOR INSTRUCTIONS

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SAVARESE, LOUIS & MARCIA
19 PRESTS MILL RD
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 19 PRESTS MILL RD			
Block: 13000.24		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	
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<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.	
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Signature of Claimant

Date

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MOY, IRENE & AIMEE -TRUSTEES
23 ELLEN CIR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 23 ELLEN CIR			
Block:	13001.11	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)	
<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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<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

TORRONE, ANGELA
5 HEATH CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 5 HEATH CT			
Block:	13001.12	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)	
<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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=====	
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<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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WEITMAN, JOSEPH & JOSEPHINE
82 NORMAN LN
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 82 NORMAN LN			
Block:	13002	Lot:	2.11
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

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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

WARNING

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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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VALVASSORI, CARL & CHRISTINA
46 MOUNTBATTEN DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 46 MOUNTBATTEN DR			
Block: 13003.15		Lot: 4	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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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

GARRISON, DARLA
129 WESTLEY RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 129 WESTLEY RD			
Block: 13005		Lot: 57	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.	
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*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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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KWANG, EDWARD & AUDREY
9 CARDINAL CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 9 CARDINAL CT			
Block: 13305		Lot: 16	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.*	
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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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PAYMER, CINDY & CHARLES
68 GLENN OAKS CT
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 68 GLENN OAKS CT			
Block:	13325	Lot:	68
		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	
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5. REAFFIRMATION OF ELIGIBILITY	
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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.	
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Signature of Claimant

Date

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<div>Signature of Collector</div> <div>Date</div>	

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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CHAU LEUNG HERLINA WAIBING
3 OSPREY DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3 OSPREY DR			
Block: 13332.11		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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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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<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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KUZNETSOVA, ALLA
84 OSPREY DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 84 OSPREY DR			
Block: 13332.18		Lot: 4	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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Date

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<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
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YOUSSEF, ATEF & JANIT
41 AMBER DR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 41 AMBER DR			
Block:	13334.15	Lot:	4
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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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CATALANO, LINDA
18 INDIGO DR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 18 INDIGO DR			
Block:	13334.22	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)	
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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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DAVIDSON JAMES & JAMES W & SNYDER J
186 BRISTOL CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 186 BRISTOL CT			
Block:	14262.10	Lot:	34
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)

☐ 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.

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

PETOLINO, BARBARA
189 YORKSHIRE CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 189 YORKSHIRE CT			
Block:	14262.10	Lot:	37
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	
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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

SIMON, CAROLYN
220 YORKSHIRE CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 220 YORKSHIRE CT			
Block: 14262.10	Lot: 67	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	
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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

NEDJAR, NOUREDDINE
91 WILSHIRE CT
OLD BRIDGE NJ 08857

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:	OLD BRIDGE TOWNSHIP	County of:	MIDDLESEX
Street Address or Unit Number:	91 WILSHIRE CT		
Block:	14262.11	Lot:	29
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)
☐ 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":

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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NUNES, HELENA
9189 PASSIFLORA WAY
BOCA RATON FL 33428

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 273 BISHOP CT			
Block: 14262.11		Lot: 60	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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MINHAS, GURPREET S & KAPOOR, VREDHI
289 BISHOP CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 289 BISHOP CT			
Block: 14262.11		Lot: 76	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)

☐ 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.

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

ASHFORD, JACKIE
57 PERCIVAL CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 57 PERCIVAL CT			
Block:	14262.12	Lot:	42
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.	
=====	
<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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YEAGLEY, SAMUEL, III & MICHEL ET AL
73 PERCIVAL CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 73 PERCIVAL CT			
Block: 14262.12		Lot: 58	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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

OLANDER, CARL
123 ARCHERY CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 123 ARCHERY CT			
Block: 14262.12	Lot: 71	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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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1

STEIN, WENDY
46 NOTTINGHAM DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 46 NOTTINGHAM DR			
Block:	14262.13	Lot:	148
		Qualifier:	C0012
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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MILLET, ELSIE
822 DARLINGTON DR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 822 DARLINGTON DR			
Block:	14262.13	Lot:	148
		Qualifier:	C0178
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)

☐ 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":

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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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SHAH, RAJESH&MEENA & RONAK&BAKSHI, P
2 CHAMBERLAIN CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 2 CHAMBERLAIN CT			
Block:	14262.15	Lot:	18.11
		Qualifier:	C0038
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":

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Signature of Claimant

Date

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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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FOLEY,KATHLEEN & GOVERNALI,RICHARD
6 BELAIRE CT
OLD BRIDGE NJ 08857

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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:	OLD BRIDGE TOWNSHIP	County of:	MIDDLESEX
Street Address or Unit Number:	6 BELAIRE CT		
Block:	15000	Lot:	3.11
		Qualifier:	C0006
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.
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Signature of Claimant

Date

WARNING

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

LOCASCIO, BETTE JAYNE
20 DORADO CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 20 DORADO CT			
Block: 15000	Lot: 3.11	Qualifier: C0020	
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)

☐ 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.

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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

TINNEY, ROGER & CARMELA
82 WESTWOOD CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 82 WESTWOOD CT			
Block: 15000	Lot: 3.11	Qualifier: C0082	
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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└

LEE, JOACHIM & HYONG-KI
4 REBECCA CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4 REBECCA CT			
Block:	15506	Lot:	7.12
		Qualifier:	C0004
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":

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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

MUSIL, MARILYN
25 STEVENS AVE
OLD BRIDGE NJ 08857

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:	OLD BRIDGE TOWNSHIP	County of:	MIDDLESEX
Street Address or Unit Number:	25 STEVENS AVE		
Block:	15507	Lot:	820
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MAJORINO, DEAN
4 ALPHA AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4 ALPHA AVE			
Block:	15507	Lot:	825
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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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KUDLA, PATRICIA & ANDREW
11 TULIP DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 11 TULIP DR			
Block: 15510		Lot: 688	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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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RAMOLIA, SANDIP & KHUNT, NEETABEN
34 BUTTONWOOD DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 34 BUTTONWOOD DR			
Block:	15513	Lot:	566
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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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.	

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

SOMMESE, CAROL
24 HEATHER DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 24 HEATHER DR			
Block: 15514		Lot: 537	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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<input type="checkbox"/> WILL NOT exceed \$10,000.	<input type="checkbox"/> WILL exceed \$10,000.

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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

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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CONTI, JOHN & ANNA
11 BUTTONWOOD DR
OLD BRIDGE NJ 08857

└

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 11 BUTTONWOOD DR			
Block:	15514	Lot:	554
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	
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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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PARMAR, JAGTAR & MANGIT
45 THROCKMORTON LN
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 45 THROCKMORTON LN			
Block:	15519	Lot:	11
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)	
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<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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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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Signature of Collector	
Date	

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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DE LUCA, BARBARA
18 GRACE DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 18 GRACE DR			
Block:	15519	Lot:	37
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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VOSINAKIS, GEORGE & KOULA
9 KARL DR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 9 KARL DR			
Block:	15521	Lot:	65
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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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CHAN, YING & LAM LAM
38 FREDERICK PL
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 38 FREDERICK PL			
Block: 15522		Lot: 106	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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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

ARMSTRONG, JENNIE
48 FREDERICK PL
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 48 FREDERICK PL			
Block: 15522	Lot: 111	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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<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

SACCOCCIO, ALICE
10 CAROLE PL
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 10 CAROLE PL			
Block: 15523	Lot: 143	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

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

BLIXT, JR., IRMA
20 CINDY ST
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 20 CINDY ST			
Block: 15524	Lot: 201	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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SAID, SAFWAT & NADIA
42 CINDY ST
OLD BRIDGE NJ 08857

└

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 42 CINDY ST			
Block:	15530.11	Lot:	384.11
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)	
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5. REAFFIRMATION OF ELIGIBILITY	
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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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SEE REVERSE SIDE
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TAURIELLO, SABATINO & ROSE ANN
109 THROCKMORTON LN
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 109 THROCKMORTON LN			
Block: 15546	Lot: 7	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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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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SEE REVERSE SIDE
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ANTIPAS, DEMETRIOS & AFRODITI
131 THROCKMORTON LN
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 131 THROCKMORTON LN			
Block: 15546	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)	
<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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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INGUAGGIATO, SALVATORE & MARIA
76 WOODVIEW DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 76 WOODVIEW DR			
Block:	15546	Lot:	36
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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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GILLIGAN, JOAN
10 HASTINGS RD
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 10 HASTINGS RD			
Block: 15547	Lot: 101	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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

WHITEHEAD, T & TETRO, D & LUNDY, J
33 MABALINE RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 33 MABALINE RD			
Block: 15548	Lot: 105	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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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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CHAMAS, DEVIN & ROMAN, STEPHANIE
24 LINCROFT AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 24 LINCROFT AVE			
Block: 15555	Lot: 265	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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

┌┐

DE ROSE, SALVATORE & LUIGIA
33 GERARD AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 33 GERARD AVE			
Block: 15558		Lot: 304	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.

*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

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

THOMAS, EDWARD & DENISE
189 CINDY ST
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 189 CINDY ST			
Block: 15560	Lot: 410	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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☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

DI MARE, PAUL & ANGELA
172 CINDY ST
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 172 CINDY ST			
Block:	15561	Lot:	435
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	
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<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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<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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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1

PERSAUD, SEERAM & ROOKMIN
155 THROCKMORTON LN
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 155 THROCKMORTON LN			
Block: 15563		Lot: 3	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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5. REAFFIRMATION OF ELIGIBILITY	
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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.	

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Signature of Claimant

Date

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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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BEELITZ, LILLIAN
10 CREIGHTON CIR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 10 CREIGHTON CIR			
Block:	15566	Lot:	83
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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<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

REIS, DULCE
220 CINDY ST
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 220 CINDY ST			
Block: 15584	Lot: 597	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.

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CHOOSE A, B, or C.

A.

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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

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NARDONE, JAQUELINE & ET AL
3 HANSEN RD
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3 HANSEN RD			
Block: 15593		Lot: 186	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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<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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LANGE, PAUL & TRUDY
1 HANSEN RD
OLD BRIDGE NJ 08857

└┘

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1 HANSEN RD			
Block: 15593		Lot: 187	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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1

LEHMAN, KENNETH
13 EMERALD LN
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 13 EMERALD LN			
Block: 16005	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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Signature of Claimant

Date

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SHAPIRO, VELA % B. SHAPIRO
7111 MANDARAN DR
BOCA RATON FL 33433

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 80 DIAMOND LN			
Block: 16005		Lot: 80	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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SEE REVERSE SIDE
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KLEIN, ROBERTA & ABO, MARC
204 GOLDMINE LN
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 204 GOLDMINE LN			
Block: 16005	Lot: 204	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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SEE REVERSE SIDE
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1

SHANNON, ROBERT & MARIE
229 SILVER LN
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 229 SILVER LN			
Block: 16005	Lot: 229	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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CABALLERO, JUAN & YVONNE
250 SILVER LN
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 250 SILVER LN			
Block: 16005		Lot: 250	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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=====	
<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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YU, MAN & YIU SAVY
5 MARIPOSA PL
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 5 MARIPOSA PL			
Block:	16005	Lot:	305
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

SALOVSKI, ANIF & BEGLIJA
203 GREEN ST
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 203 GREEN ST			
Block: 17000	Lot: 215.11	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.	
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

ANDERSEN, DANIEL B
257 GREEN ST
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 257 GREEN ST			
Block:	17000	Lot:	220.13
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

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<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.	

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Signature of Claimant

Date

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

GELSON, OLGA
PO BOX 948
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 11 BROOK ST			
Block: 17002		Lot: 183.14	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

SHEHATA, ANWAR
12 VERONICA CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 12 VERONICA CT			
Block: 17006	Lot: 35	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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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.	
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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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SEE REVERSE SIDE
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NIGAM, BALKRISHNA N. & SHARMISTA
32 VICTORIAN DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 32 VICTORIAN DR			
Block:	17010	Lot:	25
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	

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

BENANITO, LOUIS
43 CARMEL CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 43 CARMEL CT			
Block: 17100	Lot: 64	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.

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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

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NUZZOLO, DENISE
109 VAN OVER DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 109 VAN OVER DR			
Block: 17106		Lot: 18.12	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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KRAWIEC, EDWARD & PAULA
66 HILLIARD RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 66 HILLIARD RD			
Block: 18001		Lot: 23	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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<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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MAXEIN, LAURA L
80 HILLIARD RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 80 HILLIARD RD			
Block: 18001		Lot: 30	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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

BERGEN, THOMAS & DARLENE
51 PIERSOLL RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 51 PIERSOLL RD			
Block: 18009		Lot: 33	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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5. REAFFIRMATION OF ELIGIBILITY	
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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.	

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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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<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

FIGLIOLINO, JERRY & RAE
30 PIERSOLL RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 30 PIERSOLL RD			
Block: 18012	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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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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Signature of Claimant

Date

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<div>Signature of Collector</div> <div>Date</div>	

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

RUISI, NICOLE & VITO
107 BENTLEY AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 107 BENTLEY AVE			
Block: 18028	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

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Date

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SEE REVERSE SIDE
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SANTORA, JR., FRANK & DEBORAH
53 RANDOLPH AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 53 RANDOLPH AVE			
Block: 18032		Lot: 37	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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WARNING	
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<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

1

SANFILIPPO, PHILIP J & JOSEPHINE-LE
13 MERCER RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 13 MERCER RD			
Block: 18035	Lot: 4	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.	
=====	
<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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LAMBERTI, SALVATORE & CATHERINE
29 MERCER RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 29 MERCER RD			
Block: 18035	Lot: 12	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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1

HORVATH, DIANE
108 MADISON AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 108 MADISON AVE			
Block:	18035	Lot:	21
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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

CORRAO, JENNIE
99 MADISON AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 99 MADISON AVE			
Block: 18038	Lot: 4	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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<div>Signature of Collector</div> <div>Date</div>	

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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

LAM, BRENDA
31 PINETREE RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 31 PINETREE RD			
Block: 18040	Lot: 36	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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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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SEE REVERSE SIDE
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CAULFIELD, GRACE R
21 STONEYBROOK DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 21 STONEYBROOK DR			
Block: 18044	Lot: 14	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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Signature of Collector	
Date	

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BENEDICT DENISE & APPELL NANCY
59 SOUTHWOOD DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 59 SOUTHWOOD DR			
Block: 18045		Lot: 39	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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<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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MANSOUR, MOHAMMED & FAYZA
4 LAUREL AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4 LAUREL AVE			
Block: 18050		Lot: 37	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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SAYMEH, MOHAMED & GHADA
4 BEVERLY RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4 BEVERLY RD			
Block:	18052	Lot:	5
		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	
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<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>Signature of Collector</div> <div>Date</div>	

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SEE REVERSE SIDE
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SWEENEY, LARRY & MARIA GRACA
3 CONCORD DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3 CONCORD DR			
Block: 18054	Lot: 7	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	
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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

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MARTINOW, MARGARET & BARCA, LAURA ANN
9 CONCORD DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 9 CONCORD DR			
Block: 18054		Lot: 10	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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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WHITAKER, DALE & ELEANORE
8 HUXLEY DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 8 HUXLEY DR			
Block: 18055	Lot: 3	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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5. REAFFIRMATION OF ELIGIBILITY	
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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.	
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Signature of Claimant

Date

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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
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MERCER,CAROLYN & MIKELL,CALVIN
6 RIDGE RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 6 RIDGE RD			
Block:	18060	Lot:	3
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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

HORNES, JAMES
11 SOUTHWOOD DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 11 SOUTHWOOD DR			
Block:	18060	Lot:	23
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

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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BEYNON, DANIEL
94 SOUTHWOOD DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 94 SOUTHWOOD DR			
Block: 18067	Lot: 4	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

GLADKOWSKI, ELEANOR
72 KENSINGTON AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 72 KENSINGTON AVE			
Block:	18068	Lot:	32
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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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	
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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

WENDELL, ANN
68 BENTLEY AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 68 BENTLEY AVE			
Block: 18075	Lot: 103	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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5. REAFFIRMATION OF ELIGIBILITY	
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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":

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Signature of Claimant

Date

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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KRONICK, JAMES & GAIL A
65 GEORGE AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 65 GEORGE AVE			
Block: 18079		Lot: 25	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

YORK, ANDREW & HARRIET
69 GEORGE AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 69 GEORGE AVE			
Block: 18080	Lot: 27	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

ASZMAN % MARYANN ANDREWS
86 FARLESS AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 86 FARLESS AVE			
Block: 18080	Lot: 51	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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Date

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SEE REVERSE SIDE
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GRABINSKY, RONALD & DAISY
40 RANDOLPH AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 40 RANDOLPH AVE			
Block: 18084		Lot: 106	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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=====	
<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

1

GARRETT, THOMAS
3 ARVIN RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3 ARVIN RD			
Block: 18100	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

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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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MARTURANO, PAUL & CAROL
9 ELAINE CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 9 ELAINE CT			
Block: 18100		Lot: 16	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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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LEVENSTEIN, GLENDA H & PHYLLIS N-TRUST
17 ARVIN RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 17 ARVIN RD			
Block: 18100	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

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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

ALFREY, DANIEL & PAULA
815 MARLBORO RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 815 MARLBORO RD			
Block:	19000	Lot:	6
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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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ANGLIN, BRUCE & STELLA
20 ASHLEY DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 20 ASHLEY DR			
Block: 19010	Lot: 141	Qualifier: C0020	
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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<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.	
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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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DEVINE, JUSTIN & JESSICA A
39 NICHOLAS DRIVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 39 NICHOLAS DR			
Block:	19016	Lot:	5
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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<input type="checkbox"/> WILL NOT exceed \$10,000.	<input type="checkbox"/> WILL exceed \$10,000.

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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.	
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Signature of Claimant

Date

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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
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DE FEO, BARRY & DOROTHY
59 MIMI RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 59 MIMI RD			
Block:	19018	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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5. REAFFIRMATION OF ELIGIBILITY	
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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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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

YEE, LOW KEE & YAN PING
123 BIRCH ST
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 123 BIRCH ST			
Block: 19020	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)	
<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	
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<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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1

GANIEV, RAVSHAN
3854 HWY 9
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 3854 HWY 9			
Block: 21000		Lot: 15	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	
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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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RISMAN, GARRY & YELENA
5 HOFFMAN CT
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 5 HOFFMAN CT			
Block:	21001	Lot:	6.11
		Qualifier:	C1604
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":

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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TAKACS, PIROSKA
1102 FALSTON CIR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1102 FALSTON CIR			
Block: 21004	Lot: 20	Qualifier: C1102	
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	
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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.	

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Signature of Claimant

Date

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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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1

BARSUK, YEFIM
4326 FALSTON CIR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 4326 FALSTON CIR			
Block: 21004	Lot: 20	Qualifier: C4326	
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	
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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.	

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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>
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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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1

WOLFSTER FAMILY TRUST
17 EAST BLVD
NEWTON MA 02459

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 6103 FALSTON CIR			
Block: 21004	Lot: 20	Qualifier: C6103	
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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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

GHAZARIAN, ROBERT & MARIA
9320 FALSTON CIR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 9320 FALSTON CIR			
Block: 21004	Lot: 20	Qualifier: C9320	
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.

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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.

=====

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

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MICHAEL, JEFFREY E & DEBORAH F
518 TEXAS RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 518 TEXAS RD			
Block: 22001	Lot: 34	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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<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.

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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HUSSAIN, HELENE
27 GONZALEZ DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 27 GONZALEZ DR			
Block: 22001.20		Lot: 7	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)	
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5. REAFFIRMATION OF ELIGIBILITY	
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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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<div>Signature of Collector</div> <div>Date</div>	

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SEE REVERSE SIDE
FOR INSTRUCTIONS

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DHINGRA, SUBHASH & MANJU
141 MURRAY DR
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 141 MURRAY DR			
Block: 22140		Lot: 30.10	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)

☐ 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":

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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TAMSULA, MARGARET
305 MATCHAPONIX RD
JAMESBURG NJ 08831

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 305 MATCHAPONIX RD			
Block: 24001	Lot: 3	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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<input type="checkbox"/> WILL NOT exceed \$10,000.	<input type="checkbox"/> WILL exceed \$10,000.

5. REAFFIRMATION OF ELIGIBILITY	
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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.	
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Signature of Claimant	Date
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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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POSTA, RICARDA
308 MATCHAPONIX RD
JAMESBURG NJ 08831

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 308 MATCHAPONIX RD			
Block: 24204	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)	
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Signature of Claimant

Date

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<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

PHILLIPS, MARTHA
1309 ENGLISHTOWN RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1309 ENGLISHTOWN RD			
Block:	26002	Lot:	9
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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SEE REVERSE SIDE
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COPOSKY, LEONARD & LOIS
38 STEINHARDT AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 38 STEINHARDT AVE			
Block:	26002	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)	
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Date

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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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NARDIELLO, VINCENT & ANN
29 STEINHARDT AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 29 STEINHARDT AVE			
Block:	26003	Lot:	5
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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<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.

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FOR INSTRUCTIONS

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BLASZCZAK, EUGENIUSZ & LUCJA
27 BUNKER HILL DR
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 27 BUNKER HILL DR			
Block: 26011	Lot: 379.12	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)

☐ 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.

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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LINKE, RUSSELL & DOUGLAS
6 WEST AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 6 WEST AVE			
Block:	26014	Lot:	343.12
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)	
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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	
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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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FOR INSTRUCTIONS

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WOODLEY, KATHERINE HELEN IORILLO
31 RIVERDALE AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 31 RIVERDALE AVE			
Block:	26015	Lot:	255.11
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)	
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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.	

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Signature of Claimant	Date
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<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.

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FOR INSTRUCTIONS

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GRUBEL, RICHARD & PAMELA
29 RIVERDALE AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 29 RIVERDALE AVE			
Block:	26015	Lot:	256.11
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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=====	
<div><div>OFFICIAL USE ONLY</div></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
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SACHKOWSKY, JR., PAUL & NANCY
1205 ENGLISHTOWN RD
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 1205 ENGLISHTOWN RD			
Block: 26018	Lot: 10	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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5. REAFFIRMATION OF ELIGIBILITY	
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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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WARNING	
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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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HYLAND, ALISON & AIMEE
13 FOURTH ST
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 13 FOURTH ST			
Block: 26021		Lot: 121	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

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

DEPAUL, RAYMOND J
135 PARK AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 135 PARK AVE			
Block: 26029	Lot: 33	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)

☐ 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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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SAHUL, JR., GEORGE & PATRICIA
332 SUNSET AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 332 SUNSET AVE			
Block: 26031	Lot: 14	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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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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Signature of Collector	
Date	

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FOR INSTRUCTIONS

Γ

1

HETTINGER, FREDERICK & MILDRED
357 SUNSET AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 357 SUNSET AVE			
Block: 26037	Lot: 4	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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5. REAFFIRMATION OF ELIGIBILITY

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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.

*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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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

BURBANO, NICOLE MARIE & MATTHEW
292 MORGAN AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 292 MORGAN AVE			
Block: 26042	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)	
<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)	
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5. REAFFIRMATION OF ELIGIBILITY	
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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

EVAN, RONALD & SHARON
311 MORGAN AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 311 MORGAN AVE			
Block: 26043	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

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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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

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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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SEE REVERSE SIDE
FOR INSTRUCTIONS

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SZLEK, EDWARD & SUSAN
50 APPLEBY ST
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 50 APPLEBY ST			
Block: 26048		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)	
<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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SEE REVERSE SIDE
FOR INSTRUCTIONS

1

MC VAY, BARBARA
358 SUNSET AVE
OLD BRIDGE NJ 08857

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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 358 SUNSET AVE			
Block: 26050	Lot: 15	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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OFFICIAL
USE
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☐ 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

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ADAMS, KENNETH & THERESA
61 SUNSET AVE
OLD BRIDGE NJ 08857

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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: OLD BRIDGE TOWNSHIP		County of: MIDDLESEX	
Street Address or Unit Number: 61 SUNSET AVE			
Block:	26056	Lot:	38.11
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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<div>OFFICIAL USE ONLY</div>	<div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div>
Signature of Collector	
Date	