

**ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER REQUIRED TO CONTINUE RECEIPT OF REAL PROPERTY TAX DEDUCTION ON DWELLING HOUSE (N.J.S.A. 54:4-8.40 et seq.; L. 1963, c. 172 as 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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MARTINEZ, JORGE & RIOS, MARIELA  
24 FOREST TR  
HAMBURG, NJ 07419

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

2. LOCATION OF CLAIMED DWELLING HOUSE			
Municipality of: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 24 FOREST TR			
Block: 6	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>	

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REILLY, DENIS & PATRICIA  
53 HARKER HILL DR  
HAMBURG, NJ 07419

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

2. LOCATION OF CLAIMED DWELLING HOUSE			
Municipality of: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 53 HARKER HILL DR			
Block: 16.01	Lot: 1.01	Qualifier: C0406	
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

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

I declare and confirm that the total annual income 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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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  
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ONLY

☐ Approved  
☐ Disapproved

Signature of Collector

Date

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1

ACEVEDO, JULIA  
33 HARKER HILL DR  
HAMBURG, NJ 07419

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: <b>HARDYSTON TOWNSHIP</b>		County of: <b>SUSSEX</b>	
Street Address or Unit Number: <b>33 HARKER HILL DR</b>			
Block: <b>16.01</b>	Lot: <b>1.01</b>	Qualifier: <b>C3-33</b>	
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

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

I declare and confirm that the total annual income 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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☐ Approved  
☐ Disapproved

Signature of Collector

Date

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1

VAN ORDEN, GLADYS  
67 BOURNE CI  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 67 BOURNE CI			
Block: 16.06	Lot: 1.03	Qualifier: C0508	
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income 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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RABINOVICH, ANATOLY L & LARISA N  
17 BRACKEN HILL RD  
HAMBURG, NJ 07419

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

2. LOCATION OF CLAIMED DWELLING HOUSE			
Municipality of: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 17 BRACKEN HILL RD			
Block: 16.13		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)	
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Signature of Claimant

Date

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LEE, JONG KYUN & KIM, EUNCHA  
57 BRIAR CT  
HAMBURG, NJ 07419

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

2. LOCATION OF CLAIMED DWELLING HOUSE			
Municipality of: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 57 BRIAR CT			
Block: 17.05		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	
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Signature of Claimant	Date
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Date	

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DAVIDSON, FRED & ANDREA  
9 BRIAR CT  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 9 BRIAR CT			
Block:	17.05	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	
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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.

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

SKELLENGER, ELISSA  
25 MOUNTAIN RD  
HAMBURG, NJ 07419

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:	HARDYSTON TOWNSHIP	County of:	SUSSEX
Street Address or Unit Number:	25 MOUNTAIN RD		
Block:	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)

☐ 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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└

WILLIAMSON, KEITH & SALLY  
24 SAND POND RD  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 24 SAND POND RD			
Block: 20	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":

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

RICHTER, JOSIANE C  
PO BOX 396  
STOCKHOLM, NJ 07460

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: <b>HARDYSTON TOWNSHIP</b>		County of: <b>SUSSEX</b>	
Street Address or Unit Number: <b>7 DEER TR</b>			
Block: <b>22</b>	Lot: <b>5</b>	Qualifier:	
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income I (and my spouse/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: <u>2024</u> (year)	
<input type="checkbox"/> DID NOT exceed \$10,000.	<input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined

4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR	
I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year <u>2025</u> (year)	
<input type="checkbox"/> WILL NOT exceed \$10,000.	<input type="checkbox"/> WILL exceed \$10,000.

5. REAFFIRMATION OF ELIGIBILITY	
<input type="checkbox"/> I reaffirm that all information provided on the initial CLAIM FORM PTD concerning New Jersey domicile or legal residence, principal residence in and ownership of the above identified dwelling house as of October 1 pretax year, i.e., the year prior to the calendar tax year, as well as personal data; i.e., age, disability, marital/civil union status as previously filed with the municipal tax assessor and/or collector is true and accurate and remains unchanged except as listed below.*	
CHOOSE A, B, or C.	
A. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership.	
B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed.	
C. <input type="checkbox"/> I initially applied as a senior citizen, age 65 or more.	

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

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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>

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SEE REVERSE SIDE  
FOR INSTRUCTIONS

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VENTURA, FRANK A  
30 DEER TRAIL LAKE RD  
STOCKHOLM, NJ 07460

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 30 DEER TR			
Block: 31	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.	

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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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DAVENPORT, GERALD D & AMELIA  
33 STOCKHOLM-VERNON RD  
STOCKHOLM, NJ 07460

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

2. LOCATION OF CLAIMED DWELLING HOUSE			
Municipality of: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 33 STOCKHOLM-VERNON RD			
Block: 41		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.

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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

NICHOLSON, ROBERT  
26 MAPLEWOOD LANE  
STOCKHOLM, NJ 07460

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 26 MAPLEWOOD LN			
Block: 44	Lot: 49	Qualifier:	
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income 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.	

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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

ROMANO, JANE E  
20 LAKE STOCKHOLM TERR  
STOCKHOLM, NJ 07460

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 20 LAKE STOCKHOLM TERR			
Block: 47		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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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.

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

HAAS, CLARA  
PO BOX 322  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 182 WHEATSWORTH RD			
Block: 63	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	
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>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

BUSACCO, JOSEPHINE  
10 BUNN RD  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 10 BUNN RD			
Block: 67	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.*	
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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>Signature of Collector</div> <div>Date</div>	



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SEE REVERSE SIDE  
FOR INSTRUCTIONS

1

JOHNSON, JANE  
3 PEBBLESTONE LN  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 3 PEBBLESTONE LN			
Block:	67	Lot:	52.14
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

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MAGURA, JOAN  
1 CLIFFSIDE CT  
HARDYSTON, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 1 CLIFFSIDE CT			
Block:	67.03	Lot:	1.01
Qualifier:			
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income 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

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CRISCI, GREGORY & ANNETTE  
13 MEADOW POND RD  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 13 MEADOW POND RD			
Block:	67.04	Lot:	1.07
Qualifier:			
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income 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.

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SEE REVERSE SIDE  
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WRIGHT, ANNELIESE  
7 WIND MEADOW TR  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 7 WIND MEADOW TR			
Block:	67.07	Lot:	1.85
Qualifier:			
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income 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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LOCASCIO, ROBERT & HELEN  
10 BLACK BEAR CT  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 10 BLACK BEAR CT			
Block:	67.09	Lot:	1.17
Qualifier:			
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income I (and my spouse/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2024 (year)	
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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

1

BENNETT, DOLORES  
2 COTTON CT  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 2 COTTON CT			
Block:	67.11	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":

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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VANACKER, JEFFREY V & CINDY  
22 FRANEK RD  
HAMBURG, NJ 07419

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 22 FRANEK RD			
Block: 71	Lot: 5.02	Qualifier:	
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income 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
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WARNING	
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Signature of Collector	
Date	

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SEE REVERSE SIDE  
FOR INSTRUCTIONS

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BAUTISTA, HENRY R & VERONICA A TST  
3311 RT 94  
HAMBURG, NJ 07419

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

2. LOCATION OF CLAIMED DWELLING HOUSE			
Municipality of: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 3311 RT 94			
Block: 72	Lot: 11.02	Qualifier:	
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income 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":

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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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LA VALLE, CAROLE L & GEORGE W JR  
37 BIG SPRING RD  
FRANKLIN, NJ 07416

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

2. LOCATION OF CLAIMED DWELLING HOUSE			
Municipality of: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 37 BIG SPRING RD			
Block: 74	Lot: 17.03	Qualifier:	
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED	
I declare and confirm that the total annual income 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.	
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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

GUBICH, MARY G  
236 DAVIS RD  
FRANKLIN, NJ 07416

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:	HARDYSTON TOWNSHIP	County of:	SUSSEX
Street Address or Unit Number:	236 DAVIS RD		
Block:	75	Lot:	4.01
Qualifier:			
Name and Address of Cooperative or Mutual Housing Corporation, if applicable:			

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

I declare and confirm that the total annual income 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

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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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SEE REVERSE SIDE  
FOR INSTRUCTIONS

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1

GORMLEY, CAROLINE  
45 E SHORE TR  
STOCKHOLM, NJ 07460

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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:	HARDYSTON TOWNSHIP	County of:	SUSSEX
Street Address or Unit Number: 45 E SHORE TR			
Block:	79	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)

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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.

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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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SCHULIEN, WILLIAM C  
14 LAKE SHORE RD E  
STOCKHOLM, NJ 07460

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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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 14 LAKE SHORE RD E			
Block: 84	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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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

1

ALVAREZ-NIEVES, ANGEL  
3 TAMARACK TR  
STOCKHOLM, NJ 07460

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 3 TAMARACK TR			
Block: 89		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)	
<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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ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER REQUIRED TO CONTINUE RECEIPT OF REAL PROPERTY TAX DEDUCTION ON DWELLING HOUSE (N.J.S.A. 54:4-8.40 et seq.; L. 1963, c. 172 as 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

FIERRO, EMIL & LINDA  
54 LAKE SHORE ROAD EAST  
STOCKHOLM, NJ 07460

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: HARDYSTON TOWNSHIP		County of: SUSSEX	
Street Address or Unit Number: 54 LAKE SHORE RD E			
Block: 93		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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