

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

┌

└

ALVERIO, CARMELO & MARIA
216 PARK ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 216 PARK ST | | | |
| Block: 303 | 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) | |
| <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

┌

└

ROCHA,GEOVANNI & PEREZ, LILIANA
605 E 3RD AVE
ROSELLE, N.J. 07203

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

| | | | |
|---|--|------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 605 E 3RD AVE | | | |
| Block: 502 | | 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) | |
| <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

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506

507

508

509

510

511

512

513

514

515

516

517

518

519

520

521

522

523

524

525

526

527

528

529

530

531

532

533

534

535

536

537

538

539

540

541

542

543

544

545

546

547

548

549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

665

666

667

668

669

670

671

672

673

674

675

676

677

678

679

680

681

682

683

684

685

686

687

688

689

690

691

692

693

694

695

696

697

698

699

700

701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

786

787

788

789

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

809

810

811

812

813

814

815

816

817

818

819

820

821

822

823

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838

839

840

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

868

869

870

871

872

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891

892

893

894

895

896

897

898

899

900

901

902

903

904

905

906

907

908

909

910

911

912

913

914

915

916

917

918

919

920

921

922

923

924

925

926

927

928

929

930

931

932

933

934

935

936

937

938

939

940

941

942

943

944

945

946

947

948

949

950

951

952

953

954

955

956

957

958

959

960

961

962

963

964

965

966

967

968

969

970

971

972

973

974

975

976

977

978

979

980

981

982

983

984

985

986

987

988

989

990

991

992

993

994

995

996

997

998

999

1000

WILLIAMS, DEBORAH
438 MERCER AVE
ROSELLE, N.J. 07203

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

2. LOCATION OF CLAIMED DWELLING HOUSE

| | | | |
|--|-----------------|------------|-------|
| Municipality of: | ROSELLE BOROUGH | County of: | UNION |
| Street Address or Unit Number: | 438 MERCER AVE | | |
| Block: | 901 | 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)

☐ 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

DAROCZI, MARY
415 E 4TH AVE
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 415 E 4TH AVE | | | |
| Block: 901 | | Lot: 31 | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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

EKEH, EKWY JOSEPHINE
328 SHERIDAN AVE
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 328 SHERIDAN AVE | | | |
| Block: 903 | 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 | |
| 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

┌

└

MORGAN, TITUS E & WINSOME L
718 DRAKE AVE
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 718 DRAKE AVE | | | |
| Block: 1102 | | 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":

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

┌┐

PIERRE, THERESE
726 DRAKE AVE
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 726 DRAKE AVE | | | |
| Block: 1102 | | 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

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

PEARSON, LINDA
702 SHERIDAN AVE
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 702 SHERIDAN AVE | | | |
| Block: | 1103 | 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)

☐ 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

FRAZIER, VAN JR
409 MORRIS PL
ROSELLE, N.J. 07203

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: | ROSELLE BOROUGH | County of: | UNION |
| Street Address or Unit Number: 409 MORRIS PL | | | |
| Block: | 1105 | 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)

☐ 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

┌

└

ARIAS, IRIS
11B CAROLYN TERR
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 11B CAROLYN TERRACE | | | |
| Block: 1403 | Lot: 93 | Qualifier: C011B | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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

I declare and confirm that the total annual income 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

RAMOS, MARIA
1531B ST GEORGES AVE
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 1531B ST GEORGE AVENUE | | | |
| Block: 1403 | Lot: 93 | Qualifier: C531B | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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

I declare and confirm that the total annual income 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

┌

└

FAIR, JACQUELINE A & FAIR, CORRI
273 E 3RD AVE
ROSELLE, N.J. 07203

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

| | | | |
|---|---------|------------------|--|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 273 E 3RD AVE | | | |
| Block: 1701 | Lot: 17 | Qualifier: | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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

| | |
|---|--|
| 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

┌

└

MILLER, SHELBY RAE
351-355 E 10TH AVE
ROSELLE, NJ 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 351-355 E 10TH AVE | | | |
| Block: | 2303 | 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. | |
| ===== | |
| <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

BOYD, JOHNNYE C
922 WARREN ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 922 WARREN ST | | | |
| Block: 2306 | 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> <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

CAREW, SYDNEY & LORETTA A
1218 MORRIS ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 1218 MORRIS ST | | | |
| Block: 2602 | 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. | |
| ===== | |
| <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

BROWN, JIM A
920 SPRUCE ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 920 SPRUCE ST | | | |
| Block: | 2702 | Lot: | 8.01 |
| 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) | |
| <input type="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

MILLER, VARIAN L
231 E 10TH AVE
ROSELLE, N.J. 07203

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: | ROSELLE BOROUGH | County of: | UNION |
| Street Address or Unit Number: | 231 E 10TH AVE | | |
| Block: | 2703 | 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)

☐ 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

MBS ESTATES LLC
274 W GRAND AVE
RAHWAY, NJ 07065

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 212 E 10TH AVE | | | |
| Block: 2805 | | 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. | |
| ===== | |
| <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

┌

└

SALES, RENE & WF ALICIA
120 WALNUT ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 120 WALNUT ST | | | |
| Block: 3002 | | 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 |

| | |
|---|--|
| 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

VENDITTO, PAULETTE A
214 VICTORY ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 214 VICTORY ST | | | |
| Block: 3702 | | 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) | |
| <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

REEFER, EDUARDO A & VANESSA E
612 CHESTNUT ST
ROSELLE, N.J. 07203

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

| | | | |
|---|------|------------------|----|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 612 CHESTNUT ST | | | |
| Block: | 4101 | 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)

☐ 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

WALLS, MARY E & ARETESS V
120 W 9TH AVE
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 120 W 9TH AVE | | | |
| Block: 4201 | | 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

| | |
|--|--|
| 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

┌

└

MONICA, ROSE - BEHRENDT, KENNETH
924 WHEATSHEAF RD
ROSELLE, N.J. 07203

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

| | | | |
|---|------|------------------|----|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 924 WHEATSHEAF RD | | | |
| Block: | 4301 | 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 | |
| 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

RYAN, GLORIA
931 WHEATSHEAF RD
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 931 WHEATSHEAF RD | | | |
| Block: 4303 | 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)

☐ 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

┌

└

LUBIN,JEAN-CLAUDE&CARMEN & EDITH
117 BURT DR
ROSELLE, N.J. 07203

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

| | | | |
|--|--|------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 117 BURT DR | | | |
| Block: 4603 | | Lot: 31 | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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

ACOCELLA, ANNA
122 STERLING PL
ROSELLE, NJ 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 122 STERLING PL | | | |
| Block: 5405 | 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 |

| | |
|---|--|
| 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

ASHLEY, MARY ELLA
331 W 4TH AVE
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 331 W 4TH AVE | | | |
| Block: 5502 | | 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) | |
| <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

FRANKLIN, JAMES & WF DIANE
13 INDEPENDENCE DR
ROSELLE, N.J. 07203

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

| | | | |
|--|------|------------------|---|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 13 INDEPENDENCE DR | | | |
| Block: | 5801 | 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.

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

BROOKS, ANNIE B
316 GORDON ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 316 GORDON ST | | | |
| Block: 6202 | | 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 |

| | |
|---|--|
| 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

┌

└

RUDOLPH, ADRIENNE
315 DERMODY ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 315 DERMODY ST | | | |
| Block: 6803 | | 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.

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

NICKEI, ANTOINETTE G
314 DIETZ ST
ROSELLE, N.J. 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 314 DIETZ ST | | | |
| Block: 6807 | 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.

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

526 HORY BH LLC
526 HORY ST
ROSELLE, NJ 07203

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: | ROSELLE BOROUGH | County of: | UNION |
| Street Address or Unit Number: | 526 HORY ST | | |
| Block: | 7102 | Lot: | 17 |
| Qualifier: | | | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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

I declare and confirm that the total annual income I (and my spouse/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: 2024 (year)

☐ 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

SHOBACK, THERESA
517 W 6TH AVE
ROSELLE, N.J. 07203

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: | ROSELLE BOROUGH | County of: | UNION |
| Street Address or Unit Number: | 517 W 6TH AVE | | |
| Block: | 7105 | Lot: | 43 |
| Qualifier: | | | |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: | | | |

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

I declare and confirm that the total annual income 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

┌

└

LACHENAUER, GEORGE & WF KATHLEEN
710 WASHINGTON AVE
ROSELLE, N.J. 07203

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

| | | | |
|---|---------|------------------|--|
| 2. LOCATION OF CLAIMED DWELLING HOUSE | | | |
| Municipality of: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 710 WASHINGTON AVE | | | |
| Block: 7204 | 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. | |
| ===== | |
| <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

STOTZ, RONALD C
22 HEATHER LANE
ROSELLE, NJ 07203

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: ROSELLE BOROUGH | | County of: UNION | |
| Street Address or Unit Number: 22 HEATHER LANE | | | |
| Block: 7406 | 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) | |
| <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> | |