

**CERTIFICATION OF ELIGIBILITY TO CONTINUE RECEIPT
OF DISABLED VETERANS' REAL PROPERTY TAX EXEMPTION
N.J.S.A. 54:4-3.30 et seq. N.J.A.C. 18:28-1.1 et seq.
IMPORTANT: File this completed certification with your municipal assessor.**

1. CLAIMANT NAME: _____

Name(s) of disabled veteran claimant owner (and spouse/civil union partner, as tenants by entirety, or domestic partner) or of disabled veteran's surviving spouse/surviving civil union partner/surviving domestic partner permanently residing in dwelling.

2. DWELLING LOCATION:

 Street Address of above claimant owner's principal residence Phone # Email

County: _____ **Municipality:** _____

Block: _____ **Lot:** _____ **Qualifier:** _____

Veteran

- YES NO I am the Disabled Veteran exemption claimant and a legal resident of New Jersey.
- YES NO I occupy the dwelling listed on this form as my principal place of residence.
- YES NO My wartime service-connected disability, as declared by the United States Veterans' Administration, remains 100% total and permanent.

SELECT ONE I, as the Disabled Veteran exemption claimant, own the property as:

- the sole owner
 the life tenant
 the owner with my spouse as tenants by the entirety
 the owner with my civil union partner as tenants by the entirety
 joint tenant with survivorship and with _____% ownership
 tenant-in-common with _____% ownership
 the owner with my domestic partner

SELECT ONE I am not receiving another Disabled Veterans' Exemption under this act (N.J.S.A. 54:4-3.30 et seq.) on any other property owned by me, or me and my spouse/civil union partner/domestic partner and located in New Jersey.

I am receiving another disabled veterans' exemption on:
 Property located at _____ Block _____ Lot _____ Qual. _____

Surviving Spouse/Civil Union/Domestic Partner

- YES NO I am the New Jersey resident surviving spouse/surviving civil union partner/surviving domestic partner of a totally and permanently disabled war veteran as specified in N.J.S.A. 54:4-3.30 et seq. and N.J.A.C. 18:28-1.1 et seq.
- YES NO I occupy the dwelling listed on this form as my principal place of residence.
- YES NO I, as the surviving spouse/surviving civil union partner/surviving domestic partner, own the property as:

- the sole owner
 the life tenant
 joint tenant with _____% ownership
 tenant-in-common with _____% ownership

YES NO I have remarried and/or entered into a new civil union/domestic partnership

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.

Signature of the Claimant _____ Date _____

OFFICIAL USE ONLY: Block _____ Lot _____ Qual. _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Assessor: _____	Date: _____