

PLEASE READ AND FOLLOW ALL INSTRUCTIONS

100% TOTALLY DISABLED PERSON \$250

Please provide a copy of your NJ Driver's License when submitting application

Please provide a C O P Y of one (1) of the following as proof of qualification for this deduction:

COPIES REQUIRED OF THE FOLLOWING

1. Doctor's note verifying the claimant is 100% permanently and totally disabled and can not work. OR
2. Social Security Award Letter verifying the person is disabled OR
3. Workman's Compensation papers verifying the claimant's disability.

If you are a new homeowner, a copy of your recorded deed

PROOF OF LEGAL TITLE AS OF OCTOBER 1ST OF THE PRE-TAX-YEAR

Please complete the attached Supplemental Income Statement

The Annual Income can not exceed \$10,000 excluding one (1) of the following: Social Security, Federal Pension, State Pension or Railroad Pension, within the State Income Guidelines.

SURVIVING SPOUSE \$250

Please provide a copy of your NJ Driver's License when submitting application

Please provide a C O P Y of the following to determine continued eligibility for this deduction:

1. C O P Y of any of the following as proof of age fifty-five (55) years or older.
 - a. Birth Certificate
 - b. Marriage License
 - c. Life Insurance Application
 - d. Driver's License
 - e. Medicare Card
 - f. Passport
 - g. Social Security Award Letter
 - h. Any other Official Document which list proof of age
2. C o p y of Death Certificate
3. Complete the Supplemental Income Statement
4. C O P Y of your most recent Federal Income Tax Return

IF YOU HAVE ANY ADDITIONAL QUESTIONS OR NEED ASSISTANCE IN COMPLETING THE APPLICATION, PLEASE CONTACT THE ASSESSOR'S @ 609-877-3838 and COLLECTOR'S OFFICE @ 609-877-2062.

“PLEASE REMEMBER TO PROVIDE C O P I E S”

AN APPLICATION WITHOUT PROPER COPIES WILL BE DENIED AS INCOMPLETE.