

## **State of New Jersey** Application for Property Tax Relief For Seniors and Social Security Disability Recipients

If you are

Your Social Security Number								
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Spouse's/CU Partner's Social Security Number								
County/Municipality Code (See Table pages 13)								
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Last Name, First Name and Initial (Joint filers enter first name and middle initial of

civil mus infor both civil	ried or in a union, you st provide rmation for a spouses/ union	Spouse's/CU Partner's Social Security Number	each – Enter spouse/CU partner last n  Home Address (Number and Street,		or rural route)		
you	ners, unless maintain arate main nes.	County/Municipality Code (See Table pages 13)	City, Town, Post Office	State	ZIP Code		
Ente	er the address	s of your main home on October 1, 2024, <b>if differe</b> r	nt from the address above.				
Stre	et Address: _		County/M	unicipality Code:			
This is a combined application for the Property Tax Reimbursement (Senior Freeze), ANCHOR Benefit, and Stay NJ programs. The application collects information that the Division of Taxation needs to assess your eligibility for these property tax relief programs. We will determine the benefit(s) you are eligible to receive and issue payments accordingly.							
• Y	ou or your sp	s application ONLY if: ouse/CU partner were 65 or older on December 31 ouse/CU partner were receiving Social Security Dis		023, <b>and</b> December 31, 2	024.		
Fil	ing Statı	us					
1.	Your Filing S	Status from your 2024 NJ-1040:					
	<b>A</b> .	Single	Married/CU Partner, filin	g separately: ins <b>separate</b> residence			
	<b>B</b> .	Head of Household	F. Both maintai	in <b>same</b> residence			
	<b>C</b> .	Qualifying Widow(er)/Surviving CU Partner					
	<b>O</b> D.	Married/CU Couple, filing joint return					
Ag	e and Di	isability Status (Fill in all ovals t	hat apply)				
2.	Your Birth Ye	ear Y Y Y Y	our Spouse's/CU Partner's Birth Ye	ar Y Y Y Y			
За.		e December 31, 2023, were you actually receiving al Security disability benefit payments?	Yourself Spouse/CU Partner	Yes Yes	No No		
3b.		e December 31, 2024, were you actually receiving al Security disability benefit payments?	Yourself Spouse/CU Partner	Yes Yes	No No		
Re	sidency	Information					
4a.	from Januar	n (or rent) and live in the same principal residence ( ry 1, 2024, through December 31, 2024? (See ins lo," continue with line 5a.		Yes	No		
4b.	Indicate you	ır residency status for all 2024 and continue with the	e appropriate schedule. Do not com	nplete lines 5a and 5b.			
	Но	omeowner (complete Schedule I) Mobile I	nome owner (complete Schedule II)	Renter (complete	e Signature section)		
5a.	October 1,	ered "No" at line 4a, did you own (or rent) your mair <b>2024</b> ? If "Yes," complete line 5b. If "No," STOP. You ts. Do not file this application.		Yes	No		
5b.	Indicate you	ır residency status on October 1, 2024.					
	Hor	meowner (complete Schedule III) Mobile hor	me owner (complete Signature section)	Renter (complete	Signature section)		

Name(s)	as	shown	on	Property	Tax	Relief	Application
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Schedule I – Homeowners (Mobile home owners and renters DO NOT complete this schedule.)					
6.	Are you filing this application for the same home as last year's ANCHOR benefit?	Yes	No		
7.	On December 31, 2024, did you own and live in the same New Jersey home that you owned	103	110		
	and occupied on <b>December 31, 2020</b> , or earlier?	Yes	No		
8.	Did you move to your current home between January 1, 2022, and December 31, 2023?	Yes	O No		
9.	If your home was a unit in a Co-op or a Continuing Care Retirement Facility, indicate the type, a	and enter the name of th	ne building or facility.		
	Otherwise, leave blank:				
	Co-op or Continuing Care Retirement Facility		Ī		
		2023	2024		
10a	Did you share ownership of the property that was your main home on December 31 with anyone other than your spouse/CU partner?	Yes No	Yes No		
10b	. If you answered "Yes," indicate the share (percentage) of the property you (and your spouse/CU partner) owned	%	%		
11a	Did your property consist of multiple units?	Yes No	Yes No		
11b	If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home.	%	%		
Pro	perty Tax				
12a	Enter the block and lot numbers of the address that was your main home for <b>all of 2024</b> .  Block  Lot	Qualifier			
12b	Are you claiming property taxes for additional lots? (see instructions)	Yes	O No		
12	Enter your 2023 property taxes billed for your main home (see instructions)				
13.	(Prior Senior Freeze recipients. This line is preprinted with your base year property taxes.)	,			
14.	Enter your 2024 property taxes billed for your main home (see instructions)				
15a	Did you have a Payment-in-Lieu-of-Taxes (P.I.L.O.T.) agreement with your municipality for 2024?	Yes	O No		
15b	Enter your Payment-in-Lieu-of-Taxes (P.I.L.O.T.) due for 2024 (see instructions)	,			
Inc	ome				
16.	Enter your 2023 New Jersey income from Worksheet A (see instructions)	,			
	Enter your 2024 New Jersey income from Worksheet B (see instructions)	,,			
	meowners continue to Signature section.				
	hedule II – Mobile Home Owners (Homeowners and renters DO NO	T complete this so	chedule.)		
	On December 31, 2024, did you own and live in a mobile home on the same site in New Jersey as the site you occupied on <b>December 31, 2020,</b> or earlier?	Yes	O No		
19.	Did you move to your current mobile home site between <b>January 1, 2022, and December 31, 2023</b> ?	Yes	O No		
		2023	2024		
20a	Did you share site fees with anyone (other than your spouse/CU partner) who occupied the mobile home that was your main home on December 31?	Yes No	Yes No		
20b	. If you answered "Yes," indicate your share (percentage) of the mobile home park site fees	%	%		

DΔ	Name(s) as shown on Property Tax Relief Application  S-1 (2024) Page 3	Your Social Security Number					
	e Fees						
	Enter 18% of your total 2023 mobile home park site fees due (see instructions)						
۷1.	(Prior Senior Freeze recipients. This line is preprinted with your base year property taxes (18% of site fees).						
	Enter 18% of your total 2024 mobile home park site fees due (see instructions)						
	come						
23.	Enter your 2023 New Jersey income from Worksheet C (see instructions),						
24	Enter your 2024 New Jersey income from Worksheet D (see instructions),						
	bbile home owners continue to Signature section.	· · · · · · · · · · · · · · · · · · ·					
So	chedule III – Certain Homeowners mplete this section only if you answered "Yes" at line 5a.						
25.	Are you filing this application for the same home as last year's ANCHOR benefit?	s No					
26.	If your main home on October 1, 2024, was a unit in a Co-op or a Continuing Care Retirement Facility, indicate	e the type, and enter the name					
	of the building or facility. Otherwise, leave blank:						
	Co-op or Continuing Care Retirement Facility						
27a	a. Did you share ownership of the property that was your main home on October 1, 2024, with anyone other than your spouse/CU partner?	s No					
27b	o. If you answered "Yes," indicate the share (percentage) of the property you (and your spouse/ CU partner) owned	%					
28a	a. Did your property consist of multiple units?	s No					
28b	o. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home	%					
29.	Enter the block and lot numbers of the address that was your main home on <b>October 1, 2024.</b> Block Lot Qu	alifier					
Signature							
/	All of the programs included in this Property Tax Relief application are subject to appropriati	on in the State budget.					
	If enclosing a copy of a death certificate for a deceased applicant, check the box. (See instructions)						
	Under penalties of perjury, I declare that I have examined this Property Tax Relief application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than applicant, this declaration is based on all information of which the preparer has any knowledge.  Due Date: October 31, 2025  Mail your completed application						
N HERE	Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	to:  NJ Division of Taxation Revenue Processing Center Property Tax Relief Application					
<u>5</u>	Your daytime phone number and/or email address (optional)  Paid Preparer's Signature  Firm's name  Firm's Federal Employer Identification Number  Firm's Federal Employer Identification Number						
(V)							
Div	rision Use 1 2 3 4 5 6	7					