

2024
ANC-1



State of New Jersey
ANCHOR Application
For Homeowners and Renters Under 65
Who Are Not Receiving Social Security Disability

Mail your completed application to: ANCHOR Application Revenue Processing Center, PO Box 636, Trenton, NJ 08646-0636

If you are married or in a civil union, you must provide information for both spouses/civil union partners, unless you maintain separate main homes.	Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last Name, First Name and Initial (Joint filers enter first name and middle initial of each – Enter spouse/CU partner last name ONLY if different)	
	Spouse's/CU Partner's Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Address (Number and Street, including apartment number or rural route)	
	County/Municipality Code (See Table page 6) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office	State

Enter the address of your main home on October 1, 2024, **if different from the address above.**

Street Address: _____ County/Municipality Code:

Do Not File This Application If:

- You or your spouse/CU partner were 65 or older on December 31, 2024; or
- You or your spouse/CU partner were receiving Social Security Disability benefits on December 31, 2023, **and** December 31, 2024.

You must file Form PAS-1 instead. See the Division's website at www.nj.gov/treasury/taxation/relief.shtml

Filing Status

1. Your Filing Status from your 2024 NJ-1040:

☐ A. Single

☐ B. Head of Household

☐ C. Qualifying Widow(er)/Surviving CU Partner

☐ D. Married/CU Couple, filing joint return

Married/CU Partner, filing separately:

☐ E. Each maintains **separate** residence

☐ F. Both maintain **same** residence

Age and Disability Status (Fill in all ovals that apply)

2. Your Birth Year

Your Spouse's/CU Partner's Birth Year

3. Were you blind or disabled on December 31, 2024?
(See instructions)

Yourself

☐ Yes

☐ No

Spouse/CU Partner

☐ Yes

☐ No

Income

4. Enter your 2024 New Jersey Gross Income (see instructions)

Residency Information

5a. Did you own (or rent) and live in your principal residence (main home) in New Jersey on **October 1, 2024** (see instructions)? If "Yes," complete line 5b. If "No," STOP. You are not eligible for an ANCHOR benefit. Do not file this application.

☐ Yes

☐ No

5b. Indicate your residency status on October 1, 2024.

☐ Homeowner – Go to Homeowners section

☐ Renter or Mobile Home Owner – Go to Renters and Mobile Home Owners section



Name(s) as shown on Property Tax Relief Application

Your Social Security Number

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Homeowners (Renters and Mobile Home Owners DO NOT complete this section.)

6. Are you filing this application for the same home as last year's ANCHOR benefit?..... ☐ Yes ☐ No

7. Enter the block and lot numbers of the address that was your main home **on October 1, 2024**.

Block . Lot . Qualifier

8a. Did you share ownership of this property with anyone other than your spouse/CU partner? ☐ Yes ☐ No

8b. If you answered "Yes," indicate the share (percentage) of the property you (and your spouse/CU partner) owned %

9a. Did the property consist of multiple units?..... ☐ Yes ☐ No

9b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home..... %

10. If your home was a unit in a Co-op or a Continuing Care Retirement Facility on October 1, 2024, indicate the type, and enter the name of the building or facility. Otherwise, leave blank.

☐ Co-op

☐ Continuing Care Retirement Facility

Name of Co-op or Continuing Care Retirement Facility: _____

Go to the Signature section.

Renters and Mobile Home Owners (Homeowners DO NOT complete this section.)

11. Was your name on the lease or rental agreement for the rental property or mobile home that was your main home on October 1, 2024? ☐ Yes ☐ No
12. Did anyone, other than your spouse/CU partner, occupy and share rent with you for the rental property or mobile home that was your main home on October 1, 2024? ☐ Yes ☐ No

Signature

SIGN HERE	If enclosing a copy of a death certificate for a deceased applicant, check the box. (See instructions) 		Due Date: October 31, 2025 Mail your completed application to: NJ Division of Taxation Revenue Processing Center Property Tax Relief Application PO Box 636 Trenton, NJ 08646-0636
Under the penalties of perjury, I declare that the information in this application is true and correct and that I owned (or rented) and occupied the property for which I am applying for the ANCHOR benefit as my main home on October 1, 2024. If prepared by a person other than the applicant, this declaration is based on all information of which the preparer has any knowledge.			
_____ Your Signature		_____ Date	
_____ Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)			
_____ Your daytime phone number and/or email address (optional)			
Paid Preparer's Signature		Federal Identification Number <div style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; margin-top: 5px;"></div>	
Firm's name		Firm's Federal Employer Identification Number <div style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; margin-top: 5px;"></div>	

Division Use

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