CERTIFICATION OF ELIGIBILITY TO CONTINUE RECEIPT OF DISABLED VETERANS' REAL PROPERTY TAX EXEMPTION N.J.S.A. 54:4-3.30 et seq. as amended by P.L. 2019, c. 413 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 surviving spouse/ civil union partner/domestic partner permanently residing in dwelling **2. DWELLING LOCATION**

Street Address of claimant owner's principal residence		Phone #	Email
COUNTY	MUNIC	CIPALITY	
BLOCK LOT		Q	UALIFIER
	<u>-</u>	Veteran	
YES NO	I am the Disabled Veteran exemption claimant and a legal resident of New Jersey.		
☐ YES ☐ NO	I occupy the dwelling house listed on this form as my principal place of residence/main home.		
YES NO My active duty service-connected disability, as declared by the United States			d States
	Veterans' Administration, remains 100	0% total and permanent.	
SELECT ONE			
	I, as the Disabled Veteran exemption of	claimant, own the property as:	
	\Box the sole owner		
	□ the life tenant	1	
	\Box the owner with my spouse as tenants		
	□ the owner with my civil union partner		
	\Box joint tenant with survivorship and w		
	 tenant-in-common with% ow the owner with my domestic partner 		
SELECT ONE			
<u>BELLET ONE</u>	\Box I am not receiving the Disabled Veteran's Exemption under this act (<u>N.J.S.A</u> . 54:4-3.30 et seq.) on any other residence owned by me, or me and my spouse/civil union/domestic partner and located in New Jersey.		
	☐ I am receiving another disabled vete	ran's exemption on:	
	Residence located at		Lot Qual
		vil Union/Domestic Partne	
∐ YES ∐ NO	I am the New Jersey resident surviving spouse/civil union partner/domestic partner of a 100% totally and permanently disabled active duty veteran as specified in <u>N.J.S.A.</u> 54:4-3.30 and <u>N.J.A.C</u> . 18: 28-1.1 et seq.		
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YES NO	I occupy the dwelling house listed on this form as my principal place of residence/main home. I, as the surviving spouse/civil union partner/domestic partner, own the property as:		
YES NO	U	partner/domestic partner, own th	ie property as:
	\Box the sole owner		
	\Box the life tenant		
	\Box joint tenant with% ownership		
	\Box tenant-in-common with% own		
🗌 YES 🗌 NO	I have remarried and/or entered into a	new civil union/domestic partn	ership.

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 Approved Disallowed
Assessor	Qual Approved Disallowed