



New Jersey
2019 Senior Freeze
(Property Tax Reimbursement) Application

You must enter your Social Security number below

Place preprinted label below ONLY if the information is correct.
Otherwise print or type your name and address.

For Privacy Act Notification, See Instructions

Form with fields for Social Security Number, Spouse's/CU Partner's SSN, County/Municipality Code, Last Name, First Name, Initial, Home Address, City, Town, Post Office, State, and ZIP Code.

This is a four-page application. You must complete all four pages. Fill in ovals completely.

PROOF OF AGE OR DISABILITY FOR 2018 AND 2019 MUST BE SUBMITTED WITH APPLICATION

Age 65 or Older: Copy of one – Birth Certificate, Driver's License, Church Records

Receiving Federal Social Security Disability Benefits: Copy of Social Security Award Letter

See instructions for more information.

Marital/Civil Union Status

- 1. Your Marital/Civil Union Status on December 31, 2018: Single Married/CU Couple
2. Your Marital/Civil Union Status on December 31, 2019: Single Married/CU Couple

Age/Disability Status

- 3a. On December 31, 2018, were you age 65 or older? Yourself Spouse/CU Partner Yes No
3b. On or before December 31, 2018, were you actually receiving federal Social Security disability benefit payments? Yourself Spouse/CU Partner Yes No
4a. On December 31, 2019, were you age 65 or older? Yourself Spouse/CU Partner Yes No
4b. On or before December 31, 2019, were you actually receiving federal Social Security disability benefit payments? Yourself Spouse/CU Partner Yes No

Applicant(s) must meet the age or disability requirements for both 2018 and 2019. If neither you nor your spouse/CU partner met the requirements, you are not eligible for the reimbursement, and you should not file this application. See "Eligibility Requirements" on page 1 of instructions.

Residency Requirements

- 5. Have you lived in New Jersey continuously since December 31, 2008, or earlier as either a homeowner or a renter? Yes No
If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.
6. Have you owned and lived in the same New Jersey home since December 31, 2015, or earlier? (Mobile Home Owners, see instructions) Yes No
If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.



Name(s) as shown on Form PTR-1	Your Social Security Number
--------------------------------	-----------------------------

Determining Total Income (Line 7): Enter your annual income for 2018. See "Income Standards" and "Determining Total Income" in the instructions for information on sources of income and how to determine the amount to report. If you had no income in a category, leave that line blank. Losses in one category of income cannot be used to reduce total income. If you have a net loss in any income category, leave that line blank. If you were married or in a civil union as of December 31 of 2018 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2018 Income

<p>a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant. Enter total amount from Box 5 of Form SSA-1099 or Form RRB-1099..... a.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount b.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>c. Salaries, Wages, Bonuses, Commissions, and Fees c.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>d. Unemployment Benefits d.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>f. Interest (taxable and exempt)..... f.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>g. Dividends..... g.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>h. Capital Gains..... h.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>i. Net Rental Income..... i.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>j. Net Profits From Business..... j.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>k. Net Distributive Share of Partnership Income k.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>l. Net Pro Rata Share of S Corporation Income l.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>m. Support Payments..... m.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>n. Inheritances, Bequests, and Death Benefits n.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>o. Royalties..... o.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>q. All Other Income..... q.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>7. Enter total 2018 income on line 7. (Add lines a-q).....</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

Was your total 2018 income on line 7 \$89,013 or less?

- Yes.** See 2019 income eligibility.
- No. STOP.** You are not eligible for the reimbursement, and you should not file this application.



Name(s) as shown on Form PTR-1	Your Social Security Number
--------------------------------	-----------------------------

Determining Total Income (Line 8): Enter your annual income for 2019. See "Income Standards" and "Determining Total Income" in the instructions for information on sources of income and how to determine the amount to report. If you had no income in a category, leave that line blank. Losses in one category of income cannot be used to reduce total income. If you have a net loss in any income category, leave that line blank. If you were married or in a civil union as of December 31 of 2019 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2019 Income

a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant. Enter total amount from Box 5 of Form SSA-1099 or Form RRB-1099..... a.		□ □ □ □	,	□ □ □ □	.	□ □
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount b.		□ □ □ □	,	□ □ □ □	.	□ □
c. Salaries, Wages, Bonuses, Commissions, and Fees c.		□ □ □ □	,	□ □ □ □	.	□ □
d. Unemployment Benefits d.		□ □ □ □	,	□ □ □ □	.	□ □
e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e.		□ □ □ □	,	□ □ □ □	.	□ □
f. Interest (taxable and exempt)..... f.		□ □ □ □	,	□ □ □ □	.	□ □
g. Dividends..... g.		□ □ □ □	,	□ □ □ □	.	□ □
h. Capital Gains..... h.		□ □ □ □	,	□ □ □ □	.	□ □
i. Net Rental Income..... i.		□ □ □ □	,	□ □ □ □	.	□ □
j. Net Profits From Business..... j.		□ □ □ □	,	□ □ □ □	.	□ □
k. Net Distributive Share of Partnership Income k.		□ □ □ □	,	□ □ □ □	.	□ □
l. Net Pro Rata Share of S Corporation Income l.		□ □ □ □	,	□ □ □ □	.	□ □
m. Support Payments..... m.		□ □ □ □	,	□ □ □ □	.	□ □
n. Inheritances, Bequests, and Death Benefits n.		□ □ □ □	,	□ □ □ □	.	□ □
o. Royalties..... o.		□ □ □ □	,	□ □ □ □	.	□ □
p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p.		□ □ □ □	,	□ □ □ □	.	□ □
q. All Other Income..... q.		□ □ □ □	,	□ □ □ □	.	□ □
8. Enter total 2019 income on line 8. (Add lines a-q).....	8.	□ □ □ □	,	□ □ □ □	.	□ □

Was your total 2019 income on line 8 \$91,505 or less?

(See "Impact of State Budget" on page 1 of instructions, which explains how the state budget may reduce the income limit.)

- Yes.** Go to page 4.
- No. STOP.** You are not eligible for the reimbursement, and you should not file this application.

