ANCHOR-H



State of New Jersey ANCHOR Application (for Homeowners)

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

If you are married or in civil union, y must provide	vou la	Last Name, First Name and Ini Enter spouse/CU partner last nam		iter first name and middle initial of each – it)			
information both spouse civil union partners, un	es/	Home Address (Number and Street, including apartment number or rural route)					
you maintail separate res dences.	County/Municipality Code (See Table pages 8-9)	City, Town, Post Office	State	ZIP Code			
Your Identif	ication Number						
Your PIN							
If you do n	ot have a PIN or ID, you must provide a copy of an official	document that proves you owner	d the property on Octob	er 1, 2020. (See instructions)			
Enter the a	ddress of your main home on October 1, 2020, if differe	nt from the address above.					
Street Addr		Municipa	•				
	ANCHOR Filing Statu	s (Fill in only one filing status	s oval)				
		. Married/CU Couple, filing join					
B. Head of Household If you maintained the same main home on October 1, 2020, and you want to each receive a separate check, fill in the oval. You must each file a separate ANCHOR-H and use the same Identification Number and							
	Partner	PIN (see instructions	s).				
O D	 Married/CU Partner, filing separately: each maintains separate residence 	. Married/CU Partner, filing se	parately: both maintain	same residence			
	cash maintaine separate residence		ANCHOR-H and use th	ck, fill in the oval. You must ne same Identification			
Your Birt	h Year Y Y Y Y	our Spouse's/CU Partner's Birth	n Year Y Y Y	Υ			
	October 1, 2020, did you own and occupy a home in Nedidence (main home)?	w Jersey as your principal		Yes No			
If y	o, STOP. You are not eligible as a homeowner and you sou were a tenant (renter) on October 1, 2020, see the Divhow to file an application as a renter.						
2. We	re you blind or disabled on December 31, 2020?		Yourself:	Yes No			
			Spouse/CU Partner	Yes No			
	er the amount of your 2020 or 2022 New Jersey Gross I		, ,	,			
cor Oc the	in the oval on this line if: (a) You did not receive a filin ntaining an Identification Number and PIN for the home the tober 1, 2020, or (b) the name on the mailer that you did name on the mailer you received needs to be changed freviving CU Partners, see instructions.	nat was your main home on receive is not yours, or (c)	0				
Fac	be of Residence. If your home was a unit in a Co-op or a cility on October 1, 2020 , indicate the type, and enter the illity.		Co-op Continuin	g Care Retirement Facility			
Nai	me of Co-op or Continuing Care Retirement Facility:						



Your Social Security Number

Name(s) as shown on ANCHOR Application

Page 2

чy	۰-	490 2							
(6.	Enter the block and lot number of your main home on October 1, 2020:							
		Block	Diagle						
		Block Lot			Qua	alifier			
7	a.	7a. Did you share ownership of this property with someone who was not your spouse/C partner? See instructions.	CU		Yes	No			
7	b.	7b. If you answered Yes at line 7a, indicate the share (percentage) of the property that (and your spouse/CU partner) owned. See instructions.	you		\ %				
8	a.	8a. Did the property for which you are filing this application consist of multiple units? Se instructions.	ee		Yes	No			
8	b.	8b. If you answered Yes at line 8a, indicate the share (percentage) of the property that (and your spouse/CU partner) used as your main home. See instructions.	you		\ %				
Di	Direct Deposit Information Do you want your benefit deposited directly into your bank account?								
		Routing number							
		Account number	ш						
T	Ch	Check the box if enclosing a copy of death certificate for deceased applicant.							
İ	Un	Under the penalties of perjury, I declare that the information in this application is true and correand occupied the property for which I am applying for the ANCHOR benefit as my main home		Due Date: December 29, 2023 Mail your application to:					
	_	Your Signature Date				ANCHOR Application Revenue Processing Center			
วิ	Spouse's/CU Partner's Signature (If filing jointly, BOTH must sign) Date				PO Box 636 Trenton, NJ 08646-0636				
		Daytime phone number and/or email address (optional)							
		Division Use 2 3	4	5		6			

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If you are married or in a civil union, you must provide		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)				
information for both spouses/ civil union partners, unles	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number or rural route)				
you maintain separate resi- dences.	County/Municipality Code (See Table pages 8-9)	City, Town, Post Office	5	State	ZIP Code	
Your Identifica	tion Number					
Your PIN						
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Street Address	S:	Municipa	ality:			
	ANCHOR Filing Statu	s (Fill in only one filing status	s oval)			
A. S	Single	. Married/CU Couple, filing joi	nt return			
	lead of Household	If you maintained the want to each receive				
C. Qualifying Widow(er)/Surviving CU want to each receive a separate check, fill in the oval. You must each file a separate ANCHOR-H and use the same Identification Number and PIN (see instructions).						
		. Married/CU Partner, filing se	parately: bo	th maintain same r	residence	
each maintains separate residence If you want to each receive a separate check, fill in the oval. You must each file a separate ANCHOR-H and use the same Identification Number and PIN (see instructions).						
Your Birth Y	Year Y Y Y Y	our Spouse's/CU Partner's Birth	Year Y	YYY		
	ctober 1, 2020, did you own and occupy a home in Ne nce (main home)?	w Jersey as your principal			Yes No	
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2. Were	you blind or disabled on December 31, 2020?		Yourself:		Yes No	
			Spouse/C	U Partner:	Yes No	
	the amount of your 2020 or 2022 New Jersey Gross I structions		,	,		
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facility	·.			Continuing Care	Retirement Facility	
Name	of Co-op or Continuing Care Retirement Facility:					



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