CLAIM FOR PROPERTY TAX EXEMPTION ON DWELLING HOUSE OF DISABLED VETERAN OR SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF DISABLED VETERAN OR SERVICEPERSON (N.J.S.A. 54:4-3.30 et seq.; P.L.1948, c.259 as amended; N.J.A.C. 18:28-1.1 et seq.) IMPORTANT File this completed claim with your municipal tax assessor. (See instructions on reverse.)

Name(s) of veteran claimant owner (& spouse, as tenants by entirety, or civil union or domestic partner) or of surviving spouse/civil union or domestic partner permanently residing in dwelling

Di
A MAINTE A
Qualifier
DISABLED VETERAN/SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF DISABLED VET OR SERVICEPERSON (Check A, B, or C) A. Honorably discharged disabled veteran with active wartime service in United States Armed Forces. ATTACH conv. DD214
Surviving spouse/civil union or domestic partner of honorably discharged disabled veteran with active wartime service in United States Armed Forces; and I have not remarried/formed a new registered civil union or domestic martnership. ATTACII
Surviving spouse/civil union or domestic partner of serviceperson who died on wartime active duty in the United States Armed I have not remarried/formed a new registered civil union or domestic partnersh.
Death. ***********************************
** A TIME SERVICE PERIOD (Check All Applicable Service Periods)
1992 - March 17, 2003
September 11, 2001 - Ongoing
0, 1995 - June 20, 1998 1992 - March 31, 1994
-
1983 - November 21, 1983
December 31, 1960 - May 7, 1975
June 23, 1950 - November 1, 1958 June 23, 1950 - January 31, 1955
or disability occurs in the combat zone, then achial time served though the actual combat zone except where service-incurred injury
days continuously or in aggregate. For Bosnia and Herzegovina combat zone also includes the airspace above those nations

both legs, or permanent paralysis of both legs and lower parts of the body, or from hemiplegia and having permanent paralysis of one leg and one arm or either side of the body, resulting from injury to enjury to the state of the body.
of both arms or both legs, or both hands or both feet, or the combination of a hand and a foot; or
solely because of hospitalization or surgery and recuperation, sustained through enemy action, or accident, or resulting from disease contracted while in suct.
\$0 0 V O 1517: Or local and containing the containi
name per deed. Deed Date
The dwelling house is Multi-Unit and I occupy all of it as my principal residence. OR ***********************************
· • • * * * * * * * * * * * * * * * * *
(msett date - month/day/year), I, the above named veteran claimant was a resident of New Jersey.
domestic partner claimant was a citizen and legal or domiciliary resident of New Jersey; and My deceased veteran or serviceperson snouse/civil union or domiciliary resident of New Jersey; and
at death. At death, ***********************************
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.
1
Disallowed

filed on June 1st of the tax year for exemption on a dwelling house acquired on February 14th of the tax year, the assessed value is to be prorated for taxation purposes so that 44/365th's of the total assessment would be taxable and 321/365th's would be exempt. the dwelling house is acquired provided all other eligibility requirements are met. For example, where application is filed on June 1st of the tax year for exemption on a dwelling house acquired on February 14th of the tax year, the APPLICATION FILING PERIOD - File this form with the municipal tax assessor at any time during the tax ye Partial or prorated exemption is permitted for the remainder of any taxable year from the date ownership or title this form with the municipal tax assessor at any time during the tax year to oi,

2 REQUIREMENTS

A. Disabled Disabled Veteran Claimant (must meet all 5 requirements)

- have had active war time service in United States Armed Forces and been honorably discharged; have a United States Veterans Administration certification of wartime service-connected disability described under #5 on front of this DVSSE Claim;
- wholly or partially own or hold legal title to the dwelling house for which exemption
- س ہے occupy the dwelling house as the principal residence
- a citizen and legal or domiciliary resident of New
- \Box
- be a citizen and legal or domiciliary resident of New Jersey.
 Surviving Spouse/Civil Union or Domestic Partner Claimant (must meet all 6 requirements)
 document that the deceased veteran or serviceperson was a citizen and resident. death who had active wartime service in document that the deceased veteran or serviceperson was a citizen and resident of New death who had active wartime service in the United States Armed Forces and who was I was honorably Jersey
- discharged or who died on active wartime duty; document that the deceased veteran had V. A. certified wartime service-connected disability;
- m M
- not have remarried/formed a new registered civil union or domestic partnership; wholly or partially own or hold legal title to the claimed dwelling house;

- 400
- occupy the dwelling house as the principal residence; be a citizen and legal or domiciliary resident of New Jersey.

exemption NOTE **Claimants must inform the assessor of any change in status which may affect their continued entitlement to the

- ω or unit in a horizontal property regime or condominium or multiple-family building or structure on that portion occupied by the claimant as his legal residence including any outhouses or appurtenances used for the dwelling's fair enjoyment. Curtilage means the enclosed space of ground and buildings immediately surrounding the dwelling DWELLING HOUSE & CURTILAGE DEFINED - dwelling house means any one-family building or structure and enjoyed with it for its more convenient occupation.
- Δ claim and certified as such by the United States - means a wartime service-connected disability as described under #5 on front of this Veterans Administration.
- Ġ VETERAN DEFINED - means any New Jersey citizen and resident honorably discharged from active wartime service in the United States Armed Forces. For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at (609) 530-6958 or (609) 530-6854. The United States Veterans Administration can be reached at 1-800-827-1000.
- 9 registered civil union or domestic partnership widower/civil union or domestic partner of a disabled veteran URVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER DEFINED - means the lawful wido means the lawful widow or new
- ~ ACTIVE SERVICE TIME OF WAR DEFINED - means military service during one or more of the specific periods listed under #4 on front of this claim. Active duty for training or field training purposes as a member of a reserve component does NOT constitute active service time of war unless activated into Federal military service by Presidential or Congressional order.
- 00 evidence of abandonment of domicile even though you may have more than one place whatever duration, does not constitute domicile. permanent home - the place you intend to return to after a period of absence. even though you may have more than one place of residence. Seasonal or AND RESIDENT DEFINED - United States Citizenship is a means an individual who is legally domiciled in New Jersey. Absence from the State Citizenship is not required. Domicile is the place you regard as your for a You may have only one legal domicile r temporary residence in this State, of temporary residence 12 month period is Resident for purposes prima of this facie
- 9 the application record claimant's exemption entitlement and photocopies of any documents should be DOCUMENTARY PROOFS REQUIRED -Each assessor may require such proofs necessary to establish attached to DVSSE Claim as part of
- MILITARY RECORDS Certificate of Honorable Discharge or Release, Form DD214, or Military Notification of
- Death or Certification of United States Veterans Administration.

 <u>DISABILITY</u> Veterans Administration Certification of Disability
- SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER Death Certificate of Decedent, marriage
- license/civil union or domestic partnership registration certificate.

 OWNERSHIP real property deed, executory contract for property purchase, or Last Widevise, or if intestate or without a will give names and relationships of decedent's heirs-at-law or Last Will and Testament if by
- New Jersey driver's license or motor vehicle registration, voter's registration, etc.
- 10. annually on or before April APPEALS , , claimant may appeal any unfavorable determination by the assessor to the County Board of Taxation

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SUPPLEMENTAL FORM FOR PEACEKEEPING MISSIONS

This form is in addition to the Form DD-214,

Armed Forces of the United States Report of Transfer or Discharge,
where the DD-214 is not specific about participation in a Peacekeeping Mission.

All Peacekeeping Missions have the added provision that the Veteran must have one of the following types of service for a total of 14 days. The 14 day requirement is waived where a service injury was received in a combat zone in favor of actual time served in a combat zone though less than 14 days.

- Service in the specific country for the Peacekeeping Mission, OR
- Service on board any ship actively engaged in patrolling the territorial waters of the specific country for the Peacekeeping Mission, OR
- Service in the airspace above the Republic of Bosnia and Herzegovina

Partner/Surviving Domestic Partner of a Veteran or Serviceperson. Claim For Property Tax Deduction or Form D.V.S.S. Claim For Property Tax Exemption on Dwelling House of Disabled Veteran or Surviving Spouse/Surviving Civil Union Partner/Surviving Domestic Partner of Disabled Veteran or Serviceperson is a Peacekeeping Mission, please provide the following information regarding that service: If Active Wartime Service Period indicated on Form V.S.S., Veteran/or Surviving Spouse/Surviving Civil Union Claim For Property Tax Deduction or Form D.V.S.S.E.,

CIAMANT	
ZAN	

Name Of Claimant Owner		
2. CLAIMED PROPERTY LOCATION		
Street Address	Unit #, if Co-Op	Telephone Number
County	Municipality	
Block	Lat	Qualifier
Mailing Add 3. SERVICE IN THE SPECIFIC COUNTRY	Mailing Address if different from Claimed Property Location DUNTRY	
Actual Dates of Service in the Combat Zone	nbat Zone	
4. SERVICE ON BOARD A SHIP Name of the Vessel		
Name of Territorial Waters Patrolled	ed	
Actual Dates of Service Patrolling the Waters	the Waters	The second secon
5. SERVICE IN AIRSPACE Name of the Country		
Actual Dates of Service in Combat Airspace	t Airspace	
I certify the above declarations are true to the best of my knowledge and belief and understand they wing the made under oath and subject to penalties for perjury if falsified.	best of my knowledge and belief and underst r perjury if falsified.	and they will be considered as
Signature of Claimant		Date

- Additional proofs for the requirement of Active Wartime Service may be:
 1. Military Certificate indicating your participation in the Mission and the actual dates of service.
 2. Deployment Orders
 3. Pay stubs indicating endangerment pay for the time period required.
 4. Letter from Military Officer on official letterhead indicating the location, date and type of service.
 5. Any other official document to support your claim.