



**State of New Jersey
2018 Senior Freeze
(Property Tax Reimbursement) Application**

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

You must enter your Social Security number below

For Privacy Act Notification, See Instructions	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"/> <input type="text"/>		Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)	
	Spouse's/CU Partner's SSN <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)	
	County/Municipality Code (See instructions) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		City, Town, Post Office	State

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

PROOF OF AGE OR DISABILITY FOR 2017 AND 2018 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.

Your Homestead Benefit Identification Number (optional): --

Marital/Civil Union Status

- Your Marital/Civil Union Status on December 31, 2017: Single Married/CU Couple
- Your Marital/Civil Union Status on December 31, 2018: Single Married/CU Couple

Age/Disability Status

- On December 31, 2017, were you age 65 or older?

Yourselves	<input type="radio"/>	Yes	<input type="radio"/>	No
Spouse/CU Partner	<input type="radio"/>	Yes	<input type="radio"/>	No
- On or before December 31, 2017, were you actually receiving federal Social Security disability benefit payments?

Yourselves	<input type="radio"/>	Yes	<input type="radio"/>	No
Spouse/CU Partner	<input type="radio"/>	Yes	<input type="radio"/>	No
- On December 31, 2018, were you age 65 or older?

Yourselves	<input type="radio"/>	Yes	<input type="radio"/>	No
Spouse/CU Partner	<input type="radio"/>	Yes	<input type="radio"/>	No
- On or before December 31, 2018, were you actually receiving federal Social Security disability benefit payments?

Yourselves	<input type="radio"/>	Yes	<input type="radio"/>	No
Spouse/CU Partner	<input type="radio"/>	Yes	<input type="radio"/>	No

Applicant(s) must meet the age or disability requirements **for both 2017 and 2018**. 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

- Have you lived in New Jersey continuously since December 31, 2007, 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.
- Have you owned and lived in the same New Jersey home since December 31, 2014, 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 2017. 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 2017, and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2017 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. , .
- 7. Enter total 2017 income on line 7. (Add lines a-q)..... 7. , .

Was your total 2017 income on Line 7 \$87,268 or less?

- Yes. See 2018 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 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

- 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 2018 income on line 8. (Add lines a-q)..... 8. , .**

Was your total 2018 income on Line 8 \$89,013 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.

