

REQUIRED DOCUMENTATION FOR THE  
SENIOR CITIZEN,  
DISABLED PERSON,  
SURVIVING SPOUSE  
DEDUCTIONS

PROOF OF INCOME

- INCOME TAX FORM-1040
- PENSION CHECK
- SOCIAL SECURITY CHECK
- BANK STATEMENTS
- IRA STATEMENT
- DISABILITY CHECK
- PAY CHECK
- INTEREST STATEMENT
- DIVIDEND STATEMENT
- INCOME AND EXPENSE STATEMENT FOR RENTAL PROPERTY

PROOF OF AGE

- MEDICARE CARD
- DRIVER'S LICENSE
- BIRTH CERTIFICATE

PROOF OF DISABILITY

- PHYSICIAN'S CERTIFICATE
- SOCIAL SECURITY DOCUMENT

PROOF FOR SURVIVING SPOUSE

- PROOF OF AGE (AS ABOVE)
- DEATH CERTIFICATE OF DECEASED SPOUSE

\$250 REAL PROPERTY TAX DEDUCTION SUPPLEMENTAL INCOME FORM

(N.J.S.A. 54:4-8.40 et seq.; N.J.A.C. 18:14-1.1 et seq.)

THE BELOW INCOME DETAIL IS TO ENABLE THE COLLECTOR/ ASSESSOR TO DETERMINE WHICH ITEMS MAY BE EXCLUDED UNDER THE LAW AND TO DETERMINE WHETHER YOU MEET THE INCOME REQUIREMENTS OF THE LAW. THE ASSESSOR OR COLLECTOR MAY REQUEST THAT THIS INCOME STATEMENT BE SUBSTANTIATED BY FEDERAL INCOME TAX RECORDS. FAILURE TO COMPLY MAY RESULT IN LOSS OF YOUR SENIOR CITIZEN, DISABLED PERSON, SURVIVING SPOUSE, SURVIVING CIVIL UNION PARTNER PROPERTY TAX DEDUCTION.

Re: \_\_\_\_\_  
(Applicant's name) (Address)

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen, disabled person, surviving spouse, or surviving civil union partner property tax deduction with respect to premises located at:

\_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier \_\_\_\_\_  
(County/Municipality)

INCOME FOR THE CALENDAR YEAR \_\_\_\_\_

**\*NOTE: If married, you must include spouse's income**  
**The tax assessor/collector will determine which of the below items will be EXCLUDED.**

	<u>Applicant</u>	<u>Spouse</u>
1. Pension, Annuity, Retirement (PRIVATE)	\$ _____	\$ _____
2. Salary/Wages/ Tips/Bonuses/Commissions	_____	_____
3. Interest	_____	_____
4. Dividends (Ordinary and Qualified)	_____	_____
5. IRA Distributions	_____	_____
6. Capital Gains	_____	_____
7. Business Income	_____	_____
8. Income from Rents/Royalties	_____	_____
9. Unemployment	_____	_____
10. Alimony	_____	_____
11. Other income	_____	_____
12. Social Security Benefits	_____	_____
13. Federal Pension/Railroad Pension	_____	_____
14. State, County, Municipal Pension	_____	_____
15. Disability Benefits	_____	_____
Total Yearly Income (sum of items 1-15)	\$ _____	

**For Assessor/Collector Use Only**

Excludable income \$ \_\_\_\_\_ Total income after exclusion \$ \_\_\_\_\_

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.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Spouse's signature)