CERTIFICATION OF ELIGIBILITY TO CONTINUE RECEIPT
OF DISABLED VETERANS' REAL PROPERTY TAX EXEMPTION
N.J.S.A. 54:4-3.30 et seq. as amended by P.L. 2019, c. 413 N.J.A.C. 18:28-1.1 et seq.

IMPORTANT: File this completed certification with your municipal assessor.

1. CLAIMANT NAME

_____

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

2. DWELLING LOCATION

_____

Street Address of claimant owner's principal residence Phone # Email

_____

COUNTY_____ **MUNICIPALITY** _____

BLOCK _____ **LOT** _____ **QUALIFIER**_____

Veteran

☐ YES ☐ NO I am the Disabled Veteran exemption claimant and a legal resident of New Jersey.

☐ YES ☐ NO I occupy the dwelling house listed on this form as my principal place of residence/main home.

☐ YES ☐ NO My active duty service-connected disability, as declared by the United States Veterans' Administration, remains 100% total and permanent.

SELECT ONE

I, as the Disabled Veteran exemption claimant, own the property as:

☐ the sole owner
☐ the life tenant
☐ the owner with my spouse as tenants by entirety
☐ the owner with my civil union partner as tenants by entirety
☐ joint tenant with survivorship and with ____% ownership
☐ tenant-in-common with _____% ownership
☐ the owner with my domestic partner

SELECT ONE

☐ I am not receiving the Disabled Veteran's Exemption under this act (N.J.S.A. 54:4-3.30 et seq.) on any other residence owned by me, or me and my spouse/civil union/domestic partner and located in New Jersey.

☐ I am receiving another disabled veteran's exemption on:
Residence located at_____ Block_____ Lot_____ Qual.____

_____

Surviving Spouse/Civil Union/Domestic Partner

☐ YES ☐ NO I am the New Jersey resident surviving spouse/civil union partner/domestic partner of a 100% totally and permanently disabled active duty veteran as specified in N.J.S.A. 54:4-3.30 and N.J.A.C. 18: 28-1.1 et seq.

☐ YES ☐ NO I occupy the dwelling house listed on this form as my principal place of residence/main home.

☐ YES ☐ NO I, as the surviving spouse/civil union partner/domestic partner, own the property as:

☐ the sole owner
☐ the life tenant
☐ joint tenant with ____% ownership
☐ tenant-in-common with ____% ownership.

☐ YES ☐ NO I have remarried and/or entered into a new civil union/domestic partnership.

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.

_____

Signature of the Claimant Date

OFFICIAL USE ONLY - Block_____ Lot_____ Qual._____ ☐Approved ☐Disallowed

Assessor Date

Form COEDVSSE REV:December 2020