CERTIFICATION OF ELIGIBILITY TO CONTINUE RECEIPT OF DISABLED VETERANS' REAL PROPERTY TAX EXEMPTION

N.J.S.A. 54:4-3.30 et seq. **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 veteran claimant owner (and spouse, as tenants by entirety, or domestic partner) or of surviving spouse/surviving domestic partner permanently residing in dwelling

2. DWELLING LOCATION

_____

Street Address of claimant owner's principal residence Phone #

_____

County Municipality

BLOCK _____ LOT _____ QUALIFIER _____

☐ YES ☐ NO I am the Disabled Veteran exemption claimant and a legal resident of New Jersey and occupy the dwelling listed on this form as my principal place of residence.

☐ YES ☐ NO I, as the Disabled Veteran exemption claimant, hold sole legal title, by fee simple or life estate, as:
☐ the sole owner or
☐ the owner with my spouse as tenants by entirety or
☐ the owner with my domestic partner or
☐ the life tenant.

☐ YES ☐ NO My wartime service-connected disability, as declared by the United States Veterans Administration, remains 100%.

☐ YES ☐ NO I have not claimed, nor have I been granted any other Disabled Veterans' Exemption under this act (**N.J.S.A.** 54:4-3.30 et seq.) on any other property owned by me, or me and my spouse/domestic partner and located in New Jersey.

☐ YES ☐ NO I am the New Jersey resident surviving spouse/surviving domestic partner of a totally and permanently disabled war veteran as specified in **N.J.S.A.** 54:4-3.30 et seq. and **N.J.A.C.** 18:28-1.1 et seq. and I have not remarried or entered into a new partnership.

☐ YES ☐ NO I, as the surviving spouse/surviving domestic partner, solely own the property and continue to reside in the dwelling as my principal residence.

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 veteran claimant (and spouse/domestic partner) Date

_____

Signature of surviving spouse/domestic partner Date

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

Assessor Date

Form COEDVSSE December 2005