

CLAIM FOR PROPERTY TAX EXEMPTION OF DWELLING HOUSE OF DISABLED VETERAN OR SURVIVING SPOUSE/SURVIVING DOMESTIC PARTNER OF DISABLED VETERAN OR SERVICEPERSON (N.J.S.A. 54:4-3.30 et seq.; L.1948, c.259 as amended)

IMPORTANT File this completed claim with your municipal tax assessor. (See instructions on reverse.)

1. CLAIMANT NAME

Name(s) of veteran claimant owner (& 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

3. DISABLED VETERAN/SURVIVING SPOUSE/SURVIVING DOMESTIC PARTNER OF DISABLED VET OR SERVICEPERSON (Choose A, B, or C)

- A. [] Honorably discharged disabled veteran with active wartime service in United States Armed Forces. ATTACH copy DD214.
B. [] Surviving spouse/surviving 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 domestic partnership. ATTACH copy DD214.
C. [] Surviving spouse/surviving domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; and [] I have not remarried/formed a new registered domestic partnership. ATTACH copy Military Notification of Death.

4. ACTIVE WAR TIME SERVICE PERIOD (Check All Applicable Service Periods)

- **A. [] Operation Northern/Southern Watch August 27, 1992 - March 17, 2003
**B. [] Operation Iraqi Freedom March 19, 2003 - Ongoing
**C. [] Operation Enduring Freedom September 20, 2001 - Ongoing
**D. [] "Joint Endeavor/Joint Guard" - Bosnia & Herzegovina November 20, 1995 - June 20, 1998
**E. [] "Restore Hope" Mission - Somalia December 5, 1992 - March 31, 1994
**F. [] Operation Desert Shield/Desert Storm Mission August 2, 1990 - February 28, 1991
**G. [] Panama Peacekeeping Mission December 20, 1989 - January 31, 1990
**H. [] Grenada Peacekeeping Mission October 23, 1983 - November 21, 1983
**I. [] Lebanon Peacekeeping Mission September 26, 1982 - December 1, 1987
J. [] Vietnam Conflict December 31, 1960 - May 7, 1975
**K. [] Lebanon Crisis of 1958 July 1, 1958 - November 1, 1958
L. [] Korean Conflict June 23, 1950 - January 31, 1955
M. [] World War II September 16, 1940 - December 31, 1946
N. [] World War I April 6, 1917 - November 11, 1918

**NOTE - Peacekeeping Missions require a minimum of 14 days service in the actual combat zone except where service-incurred injury or disability occurs in the combat zone, then actual time served though less than 14 days, is sufficient for purposes of property tax exemption or deduction. The 14 day requirement for Bosnia and Herzegovina may be met by services in one or both operations for 14 days continuously or in aggregate. For Bosnia and Herzegovina combat zone also includes the airspace above those nations.

5. DISABILITY (Choose A or B & complete C)

- A. [] Wartime service-connected disability from paraplegia, sarcoidosis, osteochondritis resulting in permanent loss of use of 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 spinal cord, skeletal structure, or brain or from disease of spinal cord not resulting from any form of syphilis; or from total blindness; or from amputation of both arms or both legs, or both hands or both feet, or the combination of a hand and a foot; or
B. [] Other wartime service-connected disability declared to be a total or 100% permanent disability, and not so evaluated solely because of hospitalization or surgery and recuperation, sustained through enemy action, or accident, or resulting from disease contracted while in such service.
C. Date V.A. determined 100% permanently and totally disabled

6. OWNERSHIP & OCCUPANCY (Complete A, B, and C)

- A. [] I (my spouse/domestic partner & I, as tenants by entirety), solely own or hold legal title to the above dwelling house.
B. [] Grantee (buyer) name per deed. Deed Date
C. [] The dwelling house is One-Family and I occupy all of it as my principal residence.
OR
[] The dwelling house is Multi-Unit and I occupy % as my principal residence.

7. CITIZEN & RESIDENT (Complete A or B)

- A. [] As of (insert date - month/day/year), I, the above named veteran claimant was a citizen and legal or domiciliary resident of New Jersey.
B. [] As of (insert date - month/day/year), I, the above named surviving spouse/surviving domestic partner claimant was a citizen and legal or domiciliary resident of New Jersey; and
[] My deceased veteran or serviceperson spouse/domestic partner was a citizen and resident of New Jersey at death.

For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at (609) 530-6958 or (609) 530-6854 or US Veterans Administration at 1-800-827-1000.

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 claimant

Date

OFFICIAL USE ONLY - Block

Lot

[] Approved [] Disallowed

Assessor

Date