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

IMPORTA 1. CLAIM		File this completed claim with your municipal tax assess NAME			
partner peri	nane ****	ran claimant owner (& spouse, as tenants by entirety, or domently residing in dwelling	nestic partner) or of surviving spouse/surv	iving domestic	
		GLOCATION		. "	
Street Address of claimant owner's principal residence Phone #					
County	ilian.	Munic	ipality		
Block	3.11.11	Lot	Qualifier		
*******	****	*******************	*************	******	
		VETERAN/SURVIVING SPOUSE/SURVIVING DOME SON (Choose A, B, or C)	ESTIC PARTNER OF DISABLED VE	r or	
		Honorably discharged disabled veteran with active wartime : ATTACH copy DD214.	service in United States Armed Forces.		
В.		Surviving spouse/surviving domestic partner of honorably di United States Armed Forces; and	ischarged disabled veteran with active wa	rtime service in	
I have not remarried/formed a new registered domestic partnership. ATTACH copy DD214.					
C.		Surviving spouse/surviving domestic partner of serviceperso Armed Forces; and	n who died on wartime active duty in the	United States	
		I have not remarried/formed a new registered domestic partn	ership. ATTACH copy Military Notifica	tion of Death.	
*********	**** 7 33 7	**************************************	************	*******	
4. ACTIVI		AR TIME SERVICE PERIOD (Check All Applicable Ser Operation Northern/Southern Watch	August 27, 1992 - March 17, 2003		
**B.		Operation Iraqi Freedom	March 19, 2003 - Ongoing		
**C.		Operation Enduring Freedom	September 11, 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. **H.		Panama Peacekeeping Mission Grenada Peacekeeping Mission	December 20, 1989 - January 31, 199 October 23, 1983 - November 21, 198		
**I.	H	Lebanon Peacekeeping Mission	September 26, 1982 - December 1, 19		
J.		Vietnam Conflict	December 31, 1960 - May 7, 1975	107	
**K.	-	Lebanon Crisis of 1958	July 1, 1958 - November 1, 1958	2	
L.		Korean Conflict	June 23, 1950 - January 31, 1955	1	
M.		World War II	September 16, 1940 - December 31, 1	946	
N.		World War I	April 6, 1917 - November 11, 1918		
or disability exemption o days continu *********	occi r dec iousl	keeping Missions require a minimum of 14 days service in the single through less that in the combat zone, then actual time served though less that for the served through less that for the service in the service of th	ian 14 days, is sufficient for purposes of p a may be met by services in one or both o	perations for 14	
		(Choose A or B & complete C)	aideais esta la distribuica di ci		
Α.	, LJ	Wartime service-connected disability from paraplegia, sarce both legs, or permanent paralysis of both legs and lower paraplegis of one leg and one arm or either side of the body, brain or from disease of spinal cord not resulting from any of both arms or both legs, or both hands or both feet, or the	rts of the body, or from hemiplegia and he resulting from injury to spinal cord, skele form of syphilis; or from total blindness;	aving permanent stal structure, or	
В.	П	Other wartime service-connected disability declared to be a		not so evaluated	
13.	_	solely because of hospitalization or surgery and recuperatio			
		or resulting from disease contracted while in such service.	, , , , , , , , , , , , , , , , , , , ,		
C.	¥	Date V.A. determined 100% permanently and totally disable			
*******	****	*************	************	******	
	KSH	IP & OCCUPANCY (Complete A, B, and C)		1 10 1	
Α.,	Ш	I (my spouse/domestic partner & I, as tenants by entirety), s		dwelling house.	
B. C.		Grantee (buyer) name per deed. D The dwelling house is One-Family and I occupy all of it as			
	OR	The dwening house is one-raining and roccupy an orit as	my principal residence.		
		The dwelling house is Multi-Unit and I occupy	% as my principal residence.	7	
*******	****	*********************	**********	******	
		RESIDENT (Complete A or B)	or) I the chare bened reterm eleiment	7 1	
Α.	H	As of(insert date - month/day/yea citizen and legal or domiciliary resident of New Jersey.	ar), I, the above named veteran claimant	vas a	
В.		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 part			
		n documenting veterans' status, contact the NJ Department US Veterans Administration at 1-800-827-1000.			
certify the	**** abov	e declarations are true to the best of my knowledge and belie	**************************************	as if made under	
oath and sub	ject	to penalties for perjury if falsified.			
Signature of	clair	mant	Date		

Lot

Date

_ Approved _ Disallowed

Assessor_ Form D.V.S.S.E. rev. January 2006

OFFICIAL USE ONLY - Block_

B

APPLICATION FILING PERIOD - File this form with the municipal tax assessor at any time during the tax year. Partial or prorated exemption is permitted for the remainder of any taxable year from the date ownership or title to the dwelling house is acquired provided all other eligibility requirements are met. For example, where application is filed on June 1st of the tax year for exemption on a dwelling house acquired on February 14th of the tax year, the assessed value is to be prorated for taxation purposes so that 44/365th's of the total assessment would be taxable and 321/365th's would be exempt.

ELIGIBILITY REQUIREMENTS

- Disabled Veteran Claimant (must meet all 5 requirements)
 - have had active war time service in United States Armed Forces and been honorably discharged;
 - have a United States Veterans Administration certification of wartime service-connected disability 2. as described under #5 on front of this DVSSE Claim;
 - wholly own or hold legal title to the dwelling house for which exemption is claimed; 3.
 - occupy the dwelling house as the principal residence; 4.
 - 5. be a citizen and legal or domiciliary resident of New Jersey.
 - Surviving Spouse/Domestic Partner Claimant (must meet all 6 requirements)
 - document that the deceased veteran or serviceperson was a citizen and resident of New Jersey at death who had active wartime service in the United States Armed Forces and who was honorably discharged or who died on active wartime duty;
 - document that the deceased veteran had V. A. certified wartime service-connected disability;
 - not have remarried/formed a new registered domestic partnership;
 - wholly own or hold legal title to the claimed dwelling house;
 - occupy the dwelling house as the principal residence;
 - be a citizen and legal or domiciliary resident of New Jersey.

IOTE **Claimants must inform the assessor of any change in status which may affect their continued entitlement to the xemption.

- DWELLING HOUSE & CURTILAGE DEFINED dwelling house means any one-family building or structure or unit in a horizontal property regime or condominium or multiple-family building or structure on that portion occupied by the claimant as his legal residence including any outhouses or appurtenances used for the dwelling's fair enjoyment. Curtilage means the enclosed space of ground and buildings immediately surrounding the dwelling house and enjoyed with it for its more convenient occupation.
- DISABILITY DEFINED means a wartime service-connected disability as described under #5 on front of this claim and certified as such by the United States Veterans Administration.
 - VETERAN DEFINED means any New Jersey citizen and resident honorably discharged from active wartime service in the United States Armed Forces. For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at (609) 530-6958 or (609) 530-6854. The United States Veterans Administration can be reached at 1-800-827-1000.
- SURVIVING SPOUSE/DOMESTIC PARTNER DEFINED means the lawful widow or widower/domestic partner of a disabled veteran or serviceperson who has not remarried/formed a new registered domestic partnership.
- ACTIVE SERVICE TIME OF WAR DEFINED means military service during one or more of the specific periods listed under #4 on front of this claim. Active duty for training or field training purposes as a member of a reserve component does NOT constitute active service time of war unless activated into Federal military service by Presidential or Congressional order.
- CITIZEN AND RESIDENT DEFINED United States Citizenship is not required. Resident for purposes of this exemption means an individual who is legally domiciled in New Jersey. Domicile is the place you regard as your permanent home - the place you intend to return to after a period of absence. You may have only one legal domicile even though you may have more than one place of residence. Seasonal or temporary residence in this State, of whatever duration, does not constitute domicile. Absence from the State for a 12 month period is prima facie evidence of abandonment of domicile.
- DOCUMENTARY PROOFS REQUIRED Each assessor may require such proofs necessary to establish claimant's exemption entitlement and photocopies of any documents should be attached to DVSSE Claim as part of the application record.
 - MILITARY RECORDS Certificate of Honorable Discharge or Release, Form DD214, or Military Notification of Death or Certification of United States Veterans Administration.

 - <u>DISABILITY</u> Veterans Administration Certification of Disability.

 <u>SURVIVING SPOUSE/DOMESTIC PARTNER</u> Death Certificate of Decedent, marriage license/domestic partnership registration certificate:
 - OWNERSHIP real property deed, executory contract for property purchase, or Last Will and Testament if by devise, or if intestate or without a will give names and relationships of decedent's heirs-at-law.
 - RESIDENCY New Jersey driver's license or motor vehicle registration, voter's registration, etc.
- APPEALS A claimant may appeal any unfavorable determination by the assessor to the County Board of Taxation annually on or before April 1.

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