

PROPERTY TAX DEDUCTION CLAIM BY VETERAN OR SURVIVING SPOUSE/DOMESTIC PARTNER OF VETERAN OR SERVICEPERSON

(N.J.S.A. 54:4-8.10 et seq.; L. 1963, c. 171 as amended)

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

1. CLAIMANT NAME

Name of claimant owner

2. CLAIMED PROPERTY LOCATION

Street Address

Unit #, if Co-op

Phone #

County

Municipality

Block

Lot

Qualifier

Mailing address if different than Claimed Property Location

3. YEAR OF DEDUCTION This deduction is claimed for the tax year (indicate tax year).

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

- A. Honorably discharged veteran with active wartime service in the United States Armed Forces. ATTACH copy DD214.
B. Surviving spouse/domestic partner of honorably discharged veteran with active wartime service in the United States Armed Forces; and
C. Surviving spouse/domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; and

5. ACTIVE WARTIME 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 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. 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.

6. PROPERTY OWNERSHIP

I, the above named claimant, owned, wholly or in part on (deed date) the property above identified. Property must be owned as of October 1 of the pretax year, i.e., the year prior to the tax year for which deduction is claimed.

**Complete 6a only if partial owners of claimed property

6a. Name(s) of part owner(s)

% ownership interest in property

**Complete 6b only if claimed property is a Cooperative of Mutual Housing Corporation in which you're a Tenant-Shareholder.

6b. Corporation Name of Cooperative or Mutual Housing

Co-Op/M.H. Corp. Street Address

Municipality

State

\$ Net Property Tax Amount for Unit

- Co-op
Mutual Housing Corp

7. CITIZENSHIP AND RESIDENCY (Complete A or B)

- A. I, the above claimant veteran, was a citizen and legal or domiciliary resident of New Jersey as of October 1 of the pretax year.
B. I, the above claimant surviving spouse/domestic partner, was a citizen and legal or domiciliary resident of New Jersey as of October 1 of the pretax year; and
My deceased veteran or serviceperson spouse/domestic partner was a citizen and resident of New Jersey at death.

8. TAX DEDUCTION OTHER PROPERTY

I am not receiving a Veteran's Property Tax Deduction on any other property for the same tax year except as indicated here:

Street Address

Municipality

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 in amount of \$

- Veteran Surviving Spouse/Domestic Partner of Veteran or Serviceperson

Assessor/Collector

Date

APPLICATION FILING PERIOD – File this claim with the municipal tax assessor from October 1 through December 31 of the pretax year, i.e., the year prior to the calendar tax year or with the municipal tax collector from January 1 through December 31 of the calendar tax year. For example, for a property tax deduction claimed for calendar tax year 2004, the pretax year filing period would be October 1 – December 31, 2003 with the assessor and the tax year filing period would be January 1 – December 31, 2004 with the collector.

ELIGIBILITY REQUIREMENTS – All requirements for deduction must be met as of October 1 of the pretax year, i.e., the year prior to the calendar tax year for which the deduction is claimed.

A. **Veteran Claimant** as of October 1 pretax year must:

1. have had active wartime service in United States Armed Forces and been honorably discharged;
2. own the property, wholly or in part, or hold legal title to the property for which deduction is claimed;
3. be a citizen and legal or domiciliary resident of New Jersey.

B. **Surviving Spouse/Domestic Partner Claimant** as of October 1 pretax year must:

1. 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;
2. not have remarried/formed a new registered domestic partnership;
3. be a legal or domiciliary resident of New Jersey;
4. own the property, wholly or in part, or hold legal title to the property for which deduction is claimed.

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

VETERAN DEFINED – means any New Jersey citizen and resident honorably discharged from active wartime service in the United States Armed Forces. Current statute does not provide for deduction for military personnel still in active service who have not been discharged.

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.

ACTIVE SERVICE TIME OF WAR DEFINED – means military service during one or more of the specified periods listed under #5 on front of this VSS 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 & RESIDENT DEFINED – United States Citizenship is not required. Resident for purposes of this deduction 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.

SURVIVING SPOUSE/DOMESTIC PARTNER DEFINED – means the lawful widow or widower/domestic partner of a qualified New Jersey resident veteran or serviceperson, who has not remarried/formed a new registered domestic partnership.

NOTE **A surviving spouse/domestic partner though a New Jersey resident himself/herself is not entitled to deduction if the deceased veteran/serviceperson spouse at death was not a New Jersey resident.

DOCUMENTARY PROOFS REQUIRED – Each assessor and collector may require such proofs necessary to establish claimant's deduction entitlement and photocopies of any documents should be attached to this claim as part of application record.

MILITARY RECORDS Certificate of Honorable Discharge or Release, Form DD214, or Military Notification of Death or Certification of United States Veteran's Administration.

SURVIVING SPOUSE/DOMESTIC PARTNER 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 or collector to the County Board of Taxation annually on or before April 1.

This form is prescribed by the New Jersey Division of Taxation, as required by law, and may be reproduced for distribution, but may not be altered without prior approval.

SUPPLEMENTAL FORM FOR PEACEKEEPING MISSIONS

This form is in addition to the Form DD-214,
Armed Forces of the United States Report of Transfer or Discharge,
where the DD-214 is not specific about participation in a Peacekeeping Mission.

All Peacekeeping Missions have the added provision that the Veteran **must** have one of the following types of service for a total of 14 days. The 14 day requirement is waived where a service injury was received in a combat zone in favor of actual time served in a combat zone though less than 14 days.

1. Service in the specific country for the Peacekeeping Mission, OR
2. Service on board any ship actively engaged in patrolling the territorial waters of the specific country for the Peacekeeping Mission, OR
3. Service in the airspace above the Republic of Bosnia and Herzegovina.

If Active Wartime Service Period indicated on form V.S.S., Veteran's Claim For Property Tax Deduction or Form D.V.S.S.E., Claim For Property Tax Exemption On Dwelling House Of Disabled Veteran Or Surviving Spouse Of Disabled Veteran Or Serviceperson is a Peacekeeping Mission, please provide the following information regarding that service:

1. CLAIMANT NAME AND SOCIAL SECURITY NUMBER

Name of Claimant Owner _____

Social Security Number _____

2. CLAIMED PROPERTY LOCATION

Street Address _____

Unit #, if Co-Op _____

Telephone Number _____

County _____

Municipality _____

Block _____

Lot _____

Qualifier _____

Mailing Address if different from Claimed Property Location

3. SERVICE IN THE SPECIFIC COUNTRY

Name of the Country _____

Actual Dates of Service in the Combat Zone _____

4. SERVICE ON BOARD A SHIP

Name of the Vessel _____

Name of Territorial Waters Patrolled _____

Actual Dates of Service Patrolling the Waters _____

5. SERVICE IN AIRSPACE

Name of the Country _____

Actual Dates of Service in Combat Airspace _____

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 _____

Additional proofs for the requirement of Active Wartime Service may be:

1. Military Certificate indicating your participation in the Mission and the actual dates of service.
2. Deployment Orders.
3. Pay stubs indicating endangerment pay for the time period required.
4. Letter from Military Officer on official letterhead indicating the location, date and type of service.
5. Any other official document to support your claim.