

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

**2. DWELLING LOCATION**

\_\_\_\_\_  
Street Address of above 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 I 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 civil union partner 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% total and permanent.
- YES  NO I have not claimed, nor am I receiving 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/civil union partner/domestic partner and located in New Jersey.
- YES  NO I am receiving another disabled veterans' exemption on Block \_\_\_\_\_ Lot \_\_\_\_\_.  
Property located at \_\_\_\_\_  
Address \_\_\_\_\_
- YES  NO I am the New Jersey resident surviving spouse/surviving civil union partner/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.
- YES  NO I have not remarried nor entered into a new civil union/domestic partnership.
- YES  NO I, as the surviving spouse/surviving civil union partner/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/civil union partner/domestic partner) Date \_\_\_\_\_

\_\_\_\_\_  
Signature of surviving spouse/surviving civil union partner/surviving domestic partner Date \_\_\_\_\_

OFFICIAL USE ONLY - Block _____ Lot _____ Qual. _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disallowed Assessor <span style="float:right">Date _____</span>
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