

TO BE COMPLETED & RETURNED WITH DEDUCTION APPLICATION

**SUPPLEMENTAL INCOME STATEMENT FOR USE BY ASSESSOR OR COLLECTOR IN DETERMINING
ELIGIBILITY FOR SENIOR DISABLED & SURVIVING SPOUSE DEDUCTIONS**

Applicant Name _____ Applicant Address _____

The undersigned submits the following statement of income to aid in the determination of eligibility for a Senior Citizen, Disabled Person or Surviving Spouse tax deduction with respect to the premises located at:

Property Address _____
North Brunswick Twp. Block No.: _____ Lot No.: _____
 Municipality

INCOME FOR THE CALENDAR YEAR: 20
 (Include Spouse's Income if Applicable)

INCOME IS REPORTED : MONTHLY ANNUALLY
 circle one

	Husband	Wife
Salaries _____	\$ _____	\$ _____
Wages _____	_____	_____
Interest _____	_____	_____
Dividends _____	_____	_____
Income from Rent _____	_____	_____
Income from Royalties _____	_____	_____
Annuities (Do Not include IRA's or 401K's) _____	_____	_____
Governmental or Railroad Pensions _____	_____	_____
Private Pensions _____	_____	_____
Social Security Benefits _____	_____	_____
Business Income _____	_____	_____
Unemployment Insurance _____	_____	_____
Other Income _____	_____	_____
TOTAL	\$ _____	\$ _____

AGE: _____

Date _____

Signature _____

IMPORTANT This statement must be substantiated by Federal Income Tax Returns and other proof, if requested by the Tax Assessor or Tax Collector. All information supplied is confidential. If this form is not returned with your application, you will be denied the tax deduction