CLAIM FOR PROPERTY TAX EXEMPTION ON DWELLING HOUSE OF DISABLED VETERAN OR SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF DISABLED VETERAN OR SERVICEPERSON (<u>N.J.S.A.</u> 54:4-3.30 et seq.; P.L.1948, c.259 as amended; <u>N.J.A.C</u> . 18:28-1.1 et seq.) 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 civ union or domestic partner permanently residing in dwelling				
2. DWELLING LOCATION				
Street Address of claimant owner's principal residence	Phone #			
County Mun	Municipality			
Block Lot	Qualifier			
 3. DISABLED VETERAN/SURVIVING SPOUSE/CIVIL UNION OR SERVICEPERSON (Check A, B, or C) A. Honorably discharged disabled veteran with active wartime servi B. Surviving spouse/civil union or domestic partner of honorably discharged disabled veteran with active wartime servi 	DOMESTIC PARTNER OF DISABLED VET OR ice in United States Armed Forces. ATTACH copy DD214.			
United States Armed Forces; and I have not remarried/formed a new registered civil union or dome C. Surviving spouse/civil union or domestic partner of serviceperson Forces; and I have not remarried/formed a new registered civil union or dome	n who died on wartime active duty in the United States Armed			
Death. ************************************	********			
4. ACTIVE WAR TIME SERVICE PERIOD (Check All Applicable Se	ervice Periods)			
 **A. Operation Northern/Southern Watch **B. Operation Iraqi Freedom **C. Operation Enduring Freedom 	August 27, 1992 - March 17, 2003 March 19, 2003 - Ongoing September 11, 2001 - Ongoing			
 **D. []"Joint Endeavor/Joint Guard" - Bosnia & Herzegovina **E. []"Restore Hope" Mission - Somalia **F. []Operation Desert Shield/Desert Storm Mission 	November 20, 1995 - June 20, 1998 December 5, 1992 - March 31, 1994 August 2, 1990 - February 28, 1991			
 **G. Panama Peacekeeping Mission **H. Grenada Peacekeeping Mission **I. Lebanon Peacekeeping Mission 	December 20, 1989 - January 31, 1990 October 23, 1983 - November 21, 1983 September 26, 1982 - December 1, 1987			
J. Vietnam Conflict **K. Lebanon Crisis of 1958	December 31, 1960 - May 7, 1975 July 1, 1958 - November 1, 1958			
L. Korean Conflict M. World War II N. World War I	June 23, 1950 - January 31, 1955 September 16, 1940 - December 31, 1946 April 6, 1917 - November 11, 1918			
NOTE - Peacekeeping Missions require a minimum of 14 days service in or disability occurs in the combat zone, then actual time served though less exemption or deduction. The 14 day requirement for Bosnia and Herzegovi days continuously or in aggregate. For Bosnia and Herzegovina combat zon **********************************	than 14 days, is sufficient for purposes of property tax ina may be met by services in one or both operations for 14 he also includes the airspace above those nations.			
 5. DISABILITY (Check A or B & complete C) A. Wartime service-connected disability from paraplegia, satisfies the service service of the service service service of the service servi				
 paralysis 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 th B. Other wartime service-connected disability declared to be solely because of hospitalization or surgery and recuperational service connected disability declared to be solely because of hospitalization or surgery and recuperational service connected disability declared to be solely because of hospitalization or surgery and recuperational service connected disability declared to be solely because of hospitalization or surgery and recuperational service connected disability declared to be solely because of hospitalization or surgery and recuperation service connected disability declared to be solely because of hospitalization or surgery and recuperation service connected disability declared to be solely because of hospitalization or surgery and recuperation service connected disability declared to be solely because of hospitalization or surgery and recuperation service connected disability declared to be solely because of hospitalization or surgery and recuperation service connected disability declared to be solely because of hospitalization or surgery and recuperation service connected disability declared to be solely because of hospitalization service connected disability declared to be solely because of hospitalization service connected disability declared to be solely because of hospitalization service connected disability declared to be solely because of hospitalization service connected disability declared to be solely because of hospitalization service connected disability declared to be solely because disability declared to be	e a total or 100% permanent disability, and not so evaluated ion, sustained through enemy action, or accident,			
C. Date V.A. determined 100% permanently and totally disal	bled			
 6. OWNERSHIP & OCCUPANCY (Complete A, B, and C) A. I (my spouse/civil union or domestic partner & I, as tenan dwelling house. 	ts by entirety), solely own or hold legal title to the above			
B. Grantee (buyer) name per deed. C. The dwelling house is One-Family and I occupy all of it a				

- 7. CITIZEN & RESIDENT (Complete A or B)

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

at death. 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.

ignature of claimant Date		Date	
***************************************	********************************	*****	*************
OFFICIAL USE ONLY - Block	Lot	Approved	Disallowed
Assessor	Date		

FORM D.V.S.S.E.

A.

B.

GENERAL INSTRUCTIONS

1. <u>APPLICATION FILING PERIOD</u> - 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.

2. **ELIGIBILITY REQUIREMENTS**

Disabled Veteran Claimant (must meet all 5 requirements)

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

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

- 3. **<u>DWELLING HOUSE & CURTILAGE DEFINED</u>** 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.
- 4. **<u>DISABILITY DEFINED</u>** 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.
- 5. <u>VETERAN DEFINED</u> 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.
- 6. <u>SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER DEFINED</u> means the lawful widow or widower/civil union or domestic partner of a disabled veteran or serviceperson who has not remarried/formed a new registered civil union or domestic partnership.
- 7. <u>ACTIVE SERVICE TIME OF WAR DEFINED</u> 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 <u>NOT</u> constitute active service time of war unless activated into Federal military service by Presidential or Congressional order.
- 8. <u>CITIZEN AND RESIDENT DEFINED</u> 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.
- 9. **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.

<u>MILITARY RECORDS</u> Certificate of Honorable Discharge or Release, Form DD214, or Military Notification of Death or Certification of United States Veterans Administration.

DISABILITY Veterans Administration Certification of Disability.

<u>SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER</u> Death Certificate of Decedent, marriage license/civil union or domestic partnership registration certificate.

<u>OWNERSHIP</u> 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.

<u>RESIDENCY</u> New Jersey driver's license or motor vehicle registration, voter's registration, etc.

10. <u>APPEALS</u> - 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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