



**New Jersey
2021 Senior Freeze
(Property Tax Reimbursement) Application**

You must enter your Social Security number below

Place preprinted label below **ONLY** if the information is correct.
Otherwise print or type your name and address.

For Privacy Act Notification, See Instructions

| | | | |
|---|-------------------------|--|----------|
| Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) | |
| Spouse's/CU Partner's SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | Home Address (Number and Street, including apartment number) | |
| County/Municipality Code (See instructions) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | City, Town, Post Office | State | ZIP Code |

This is a four-page application. You must complete all four pages. Fill in ovals completely.

PROOF OF AGE OR DISABILITY FOR 2020 AND 2021 MUST BE SUBMITTED WITH APPLICATION

Age 65 or Older: Copy of one – Birth Certificate, Driver's License, Church Records

Receiving Federal Social Security Disability Benefits: Copy of Social Security Award Letter

See instructions for more information.

Marital/Civil Union Status

- Your Marital/Civil Union Status on December 31, 2020: Single Married/CU Couple
- Your Marital/Civil Union Status on December 31, 2021: Single Married/CU Couple

Age/Disability Status

- On December 31, 2020, were you age 65 or older?

| | | | | |
|-------------------|--------------------------|-----|--------------------------|----|
| Yourself | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Spouse/CU Partner | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- On or before December 31, 2020, were you actually receiving federal Social Security disability benefit payments?

| | | | | |
|-------------------|--------------------------|-----|--------------------------|----|
| Yourself | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Spouse/CU Partner | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- On December 31, 2021, were you age 65 or older?

| | | | | |
|-------------------|--------------------------|-----|--------------------------|----|
| Yourself | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Spouse/CU Partner | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
- On or before December 31, 2021, were you actually receiving federal Social Security disability benefit payments?

| | | | | |
|-------------------|--------------------------|-----|--------------------------|----|
| Yourself | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Spouse/CU Partner | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Applicant(s) must meet the age or disability requirements **for both 2020 and 2021**. If neither you nor your spouse/CU partner met the requirements, you are not eligible for the reimbursement, and you should not file this application. See "Eligibility Requirements" on page 1 of instructions.

Residency Requirements

- Have you lived in New Jersey continuously since December 31, 2010, or earlier as either a homeowner or a renter? Yes No
If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.
- Have you owned and lived in the same New Jersey home since December 31, 2017, or earlier? (Mobile Home Owners, see instructions) Yes No
If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.



| | |
|--------------------------------|-----------------------------|
| Name(s) as shown on Form PTR-1 | Your Social Security Number |
|--------------------------------|-----------------------------|

Determining Total Income (Line 7): Enter your annual income for 2020. See "Income Standards" and "Determining Total Income" in the instructions for information on sources of income and how to determine the amount to report. If you had no income in a category, leave that line blank. Losses in one category of income cannot be used to reduce total income. If you have a net loss in any income category, leave that line blank. If you were married or in a civil union as of December 31 of 2020 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2020 Income

| | | | | |
|---|-----------|---------------|---------------------------|---------|
| a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant. Enter total amount from Box 5 of Form SSA-1099 or Form RRB-1099..... a. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount b. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| c. Salaries, Wages, Bonuses, Commissions, and Fees c. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| d. Unemployment Benefits d. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| f. Interest (taxable and exempt)..... f. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| g. Dividends..... g. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| h. Capital Gains..... h. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| i. Net Rental Income..... i. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| j. Net Profits From Business..... j. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| k. Net Distributive Share of Partnership Income k. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| l. Net Pro Rata Share of S Corporation Income l. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| m. Support Payments..... m. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| n. Inheritances, Bequests, and Death Benefits n. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| o. Royalties..... o. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| q. All Other Income..... q. | | [] [] [] , | [] [] [] [] [] [] . | [] [] |
| 7. Enter total 2020 income on line 7. (Add lines a–q)..... | 7. | [] [] [] , | [] [] [] [] [] [] . | [] [] |

Was your total 2020 income on line 7 \$92,969 or less?

- Yes.** See 2021 income eligibility.
- No. STOP.** You are not eligible for the reimbursement, and you should not file this application.



| | |
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| Name(s) as shown on Form PTR-1 | Your Social Security Number |
|--------------------------------|-----------------------------|

Determining Total Income (Line 8): Enter your annual income for 2021. See "Income Standards" and "Determining Total Income" in the instructions for information on sources of income and how to determine the amount to report. If you had no income in a category, leave that line blank. Losses in one category of income cannot be used to reduce total income. If you have a net loss in any income category, leave that line blank. If you were married or in a civil union as of December 31 of 2021 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2021 Income

| | | | | | | |
|---|-----------|---|--|--|---|--|
| a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant. Enter total amount from Box 5 of Form SSA-1099 or Form RRB-1099..... a. | | , | | | . | |
| b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount b. | | | | | | |
| c. Salaries, Wages, Bonuses, Commissions, and Fees c. | | | | | | |
| d. Unemployment Benefits d. | | | | | | |
| e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e. | | | | | | |
| f. Interest (taxable and exempt)..... f. | | | | | | |
| g. Dividends..... g. | | | | | | |
| h. Capital Gains..... h. | | | | | | |
| i. Net Rental Income..... i. | | | | | | |
| j. Net Profits From Business..... j. | | | | | | |
| k. Net Distributive Share of Partnership Income k. | | | | | | |
| l. Net Pro Rata Share of S Corporation Income l. | | | | | | |
| m. Support Payments..... m. | | | | | | |
| n. Inheritances, Bequests, and Death Benefits n. | | | | | | |
| o. Royalties..... o. | | | | | | |
| p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p. | | | | | | |
| q. All Other Income..... q. | | | | | | |
| 8. Enter total 2021 income on line 8. (Add lines a–q)..... | 8. | | | | | |

Was your total 2021 income on line 8 \$94,178 or less?

(See "Impact of State Budget" on page 1 of instructions, which explains how the state budget may reduce the income limit.)

- Yes.** Go to page 4.
- No. STOP.** You are not eligible for the reimbursement, and you should not file this application.



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| Name(s) as shown on Form PTR-1 | Your Social Security Number |
|--------------------------------|-----------------------------|

Principal Residence (Main Home)

9. Status (fill in appropriate oval): Homeowner Mobile Home Owner
10. Homeowners: Enter the block and lot numbers of your 2021 main home.
 Block . Lot . Qualifier
- | | 2020 | 2021 |
|--|--|--|
| 11a. Did you share ownership of this property with anyone other than your spouse/CU Partner? (Mobile Home Owners, see instructions) ... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions) | <input type="text"/> <input type="text"/> % | <input type="text"/> <input type="text"/> % |
| 12a. Did this property consist of multiple units? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home. | <input type="text"/> <input type="text"/> % | <input type="text"/> <input type="text"/> % |

If you answered "Yes" at line 11a or 12a, see instructions before completing lines 13 and 14.

Property Taxes

Proof of property taxes due and paid for 2020 and 2021 must be submitted with application. See instructions.

If you are claiming property taxes for additional lots, check box. (See instructions)

13. Enter your total 2021 property taxes due and paid (including any credits/deductions) on your main home. See instructions. (Mobile Home Owners: Property taxes = total site fees paid × 0.18) 13. , .
14. Enter your total 2020 property taxes due and paid (including any credits/deductions) on your main home. See instructions. (Mobile Home Owners: Property taxes = total site fees paid × 0.18) 14. , .

Reimbursement Amount (See "Impact of State Budget" on page 1 of instructions.)

15. **Reimbursement.** (Amount to be sent to you. Subtract line 14 from line 13) 15. , .

If line 15 is zero or less, you are not eligible for a reimbursement, and you should not file this application.

| | | | |
|--|---|---|---|
| SIGN HERE | If enclosing copy of death certificate for deceased applicant, check box. (See instructions) <input type="checkbox"/> | | Due Date: October 31, 2022 Mail your completed application to: NJ Division of Taxation Revenue Processing Center Senior Freeze (PTR) PO Box 635 Trenton, NJ, 08646-0635 Senior Freeze (PTR) Hotline: 1-800-882-6597 |
| | Under penalties of perjury, I declare that I have examined this Senior Freeze (Property Tax Reimbursement) Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than applicant, this declaration is based on all information of which the preparer has any knowledge. | | |
| | Your Signature _____ | Date _____ Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) _____ | |
| | Your daytime telephone number and/or email address (optional) _____ | | |
| | Paid Preparer's Signature _____ | Federal Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | Firm's name _____ | Firm's Federal Employer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Division Use 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/> 4 <input type="text"/> <input type="text"/> 5 <input type="text"/> <input type="text"/> 6 <input type="text"/> <input type="text"/> 7. <input type="text"/> <input type="text"/> | | | |