CLAIM FOR PROPERTY TAX EXEMPTION ON DWELLING HOUSE OF DISABLED VETERAN OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER/SURVIVING DOMESTIC PARTNER OF DISABLED VETERAN OR SERVICEPERSON

(N.J.S.A. 54:4-3.30 et seq.; L.1948, c.259 as amended) (N.J.A.C. 18:28-1.1 et seq.)

Name(s) of veteran claimant owner (& spous spouse/surviving civil union partner/survivin **********************************	g domestic partner permanently r	esiding in dwelling	
Street Address of claimant owner's principal	residence		Phone #
County	Municipality		
Block	Lot		Qualifier
active wartime service in Ur I have not remarried/formed C. Surviving spouse/surviving of duty in the United States Arm I have not remarried/formed	SPOUSE/SURVIVING CIVIL INVICEPERSON (Choose A, B, control of the desired veteran with active wartime sectivil union partner/surviving dominated States Armed Forces; and a new civil union or a new registicivil union partner/surviving dominated Forces; and a formed a new civil union or a result of the desired forces.	UNION PARTNER/SU or C) ervice in United States A estic partner of honorable ered domestic partnershi estic partner of servicep	Armed Forces. Ity discharged disabled veteran with ip. ATTACH copy of DD214. erson who died on wartime active
Military Notification of Deatl		*******	*********
A. Operation Northern/Southern **B. Operation Iraqi Freedom **C. Operation Enduring Freedom **E. "Restore Hope" Mission - So **F. Operation Desert Shield/Des **G. Panama Peacekeeping Mission **H. Grenada Peacekeeping Mission **I. Lebanon Peacekeeping Mission **I. Lebanon Peacekeeping Mission **I. Lebanon Conflict **K. Lebanon Crisis of 1958 L. Korean Conflict M. World War II **NOTE - Peacekeeping Missions require a port of disability occurs in the combat zone, then exemption. The 14 day requirement for Bosic continuously or in aggregate. For Bosnia and *********************************	OD (Check All Applicable Servin Watch " - Bosnia & Herzegovina omalia ert Storm Mission on sion sion ion minimum of 14 days service in the actual time served though less than and Herzegovina may be met Herzegovina combat zone also in ***********************************	August 27, 1992 - Ma March 19, 2003 - On September 11, 2001 - November 20, 1995 - December 5, 1992 - Magust 2, 1990 - Feb December 20, 1989 - October 23, 1983 - N September 26, 1982 - December 31, 1960 - July 1, 1958 - Novem June 23, 1950 - Janua September 16, 1940 - de actual combat zone ex an 14 days, is sufficient to by services in one or both cludes the airspace abo	arch 17, 2003 going Ongoing June 20, 1998 March 31, 1994 ruary 28, 1991 January 31, 1990 ovember 21, 1983 December 1, 1987 May 7, 1975 aber 1, 1958 ary 31, 1955 December 31, 1946 cept where service-incurred injury for purposes of property tax th operations for 14 days ve those nations.
both legs, or permanent par paralysis of one leg and one brain or from disease of spin of both arms or both legs, or both arms or both legs, of both arms or both legs, of both arms or both legs, or both arms or both ar	ralysis of both legs and lower par e arm or either side of the body, re inal cord not resulting from any for both hands or both feet, or the of meeted disability declared to be a ration or surgery and recuperation contracted while in such service. The permanently and totally disable ************************************	ts of the body, or from he sulting from injury to som of syphilis; or from combination of a hand at total or 100% permanent, sustained through energy through the same per deed. Deed Damy principal residence. (6 % as my principal from the sulting through the same per deed. Deed Damy principal residence. (6 % as my principal sulting to sulting the sulting through through the sulting through the sulting th	emiplegia and having permanent spinal cord, skeletal structure, or total blindness; or from amputation a foot; or t disability, and not so evaluated my action, or accident, ***********************************
**************************************		********	**********
B. As of union partner/surviving don My deceased veteran or sen Jersey at death. ***********************************	(insert date - month/day/yea liary resident of New Jersey. (insert date - month/day/yea mestic partner claimant was a citi rviceperson spouse/civil union pa	ar), I, the above named so zen and legal or domicil rtner/domestic partner w	urviving spouse/surviving civil iary resident of New Jersey; and vas a citizen and resident of New
For assistance in documenting veterans' st US Veterans Administration at 1-800-827-	1000.	·	
************************** I certify the above declarations are true to the oath and subject to penalties for perjury if fall	best of my knowledge and belie		
Signature of claimant ************************************		Date	. ችቶችችችችችችችች የተቀቀቀቀቀቀ
	Lot		

_Date___

Assessor_

Form D.V.S.S.E. rev. February 2007

1. **APPLICATION FILING PERIOD** - 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

- A. <u>Disabled Veteran Claimant</u> (must meet all 5 requirements)
 - 1. have had active wartime 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.
- B. <u>Surviving Spouse/Surviving Civil Union Partner/Surviving Domestic Partner Claimant</u> (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 civil union or a new registered 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) 530-6854. The United States Veterans Administration can be reached at 1-800-827-1000.
- 6. SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER/SURVIVING DOMESTIC PARTNER

 DEFINED means the lawful widow or widower/civil union partner/domestic partner of a deceased disabled veteran or serviceperson who has not remarried/formed a new civil union/ or a new registered 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.
- 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. **<u>DOCUMENTARY PROOFS REQUIRED</u>** 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.

<u>DISABILITY</u> Veterans Administration Certification of Disability.

<u>SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER/SURVIVING DOMESTIC PARTNER</u> Death Certificate of Decedent, marriage license/civil union license/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.

RESIDENCY 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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