ANCHO 2019		State of New Jersey ANCHOR Application (for Homeowners)			
If you are married o civil unior must prov	r in a n, you zide	Last Name. First Name and Initial (Joint filers enter first name and middle initial of each — Enter spouse/CU partner last name ONLY if different) Home Address (Number and Street, including apartment number or rural route)			
both spou	uses/				
partners, you main separate dences.	tain County/Municipality Code (See Table pages 8-9	City, Town. Post Office	State	ZIP Code	
Your Ide	ntification Number				
Your PIN		tus (Fill in only one filing status	oval)		
0	Single	Married/CU Couple, filing joint re	eturn		
Head of Household Qualifying Widow(er)/Surviving CU Partner Married/CU Partner, filing separately: each		If you maintained the same main home on October 1, 2019, and you want to each receive a separate check, fill in the oval. You must each file a separate ANCHOR-H and use the same Identification Number and PIN (see instructions). Married/CU Partner, filing separately: both maintain same residence If you want to each receive a separate check, fill in the oval. You must each file a separate ANCHOR-H and use the same Identification Number and			
		file a separate ANCHOPPIN (see instructions).	R-H and use the same Identifi	cation Number and	
Your E	Birth Year	Your Spouse's/CU Partner's Birth	Year Y Y Y Y		
1	On October 1, 2019, did you own and occupy a home in Nesidence (main home)? If No, STOP. You are not eligible as a homeowner and your fyou were a tenant on October 1, 2019, see the Division to file an application as a tenant.	u should not file this application.	Yes	No No	
2. Were you blind or disabled on December 31, 2019?			Yourself:	Yes No	
			Spouse/CU Partner:	Yes No	
3.	Enter the amount of 2019 New Jersey Gross Income. Se	e instructions 3.	, , , , , , , , , , , , , , , , , , , ,		
	Fill in the oval on this line if: (a) You did not receive a filing information mailer containing an Identification Number and PIN for the home that was your main home on October 1, 2019, or (b) the name on the mailer that you did receive is not yours, or (c) the name on the mailer you received needs to be changed for any reason. Widow(er)s/ Surviving CU Partners, see instructions.				
	Type of Residence. If your home was a unit in a Co-ope Facility on October 1, 2019, indicate the type, and enter facility	or a Continuing Care Retirement the name of the building or	Co-op Continuing Care	e Retirement Facility	
	Name of Co-op or Continuing Care Retirement Facility: _		· · · · · · · · · · · · · · · · · · ·		
6.	Enter the address of your main home on October 1, 2019	e, if different from the address a	bove.		
	Street Address:	Municip	pality:		
1					



Page			
7.	Enter the block and lot number of your main home on October 1, 2019:		
	Block		Qualifier
		ì	sudiffe)
8a.	Did you share ownership of this property with someone who was not your spouse/CU		
	partner? See instructions.	Yes	No
8b.	If you answered Yes at line 8a, indicate the share (percentage) of the property that you		
	(and your spouse/CU partner) owned. See instructions.	%	
9a.	Did the property for which you are filing this application consist of multiple units? See	V	- N
	instructions.	165	○ No
9b.	If you answered Yes at line 9a, indicate the share (percentage) of the property that you	10/	
	(and your spouse/CU partner) used as your main home. See instructions.	1 %	
ь.	w_		
Dire	ect Deposit Information		
	Do you want your benefit deposited directly into your bank account?	Yes	○ No
	¥		
	Type of account	Chec	king Savings
	Posting of the second s		
	Routing number		
	Account number		
		Marine State	
La			
	eck the box if filing on behalf of a deceased applicant. (See instructions.)	Duo F	Date: December 30, 2022
an	der the penalties of perjury. I declare that the information in this application is true and correct and that I owned toccupied the property for which I am applying for the ANCHOR benefit as my main home on October 1, 2019.		otte. December 30, 2022
	The second secon	Ma	il your application in the
-	Your Signature Date	(enclosed envelope to:
	Your Signature Date		ANCHOR Application
).	Spouse's/CU Partner's Signature (If filing jointly, BOTH must sign) Date	Rev	enue Processing Center
Name of Street	Daytime phone number and/or email address (optional)	T	PO Box 636 renton, NJ 08646-0636
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	Division Use 1 2 3 4 5	5	6

Homeowners filing paper ANCHOR applications will not receive confirmation numbers. Keep copies of your application and supporting documents for your records.