



New Jersey
2019 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 [][]-[][]-[][][][][][][]	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 [][]-[][]-[][][][][][]	Home Address (Number and Street, including apartment number)		
	County/Municipality Code (See instructions) [][][][]	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 2018 AND 2019 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

1. Your Marital/Civil Union Status on December 31, 2018: ☐ Single ☐ Married/CU Couple
2. Your Marital/Civil Union Status on December 31, 2019: ☐ Single ☐ Married/CU Couple

Age/Disability Status

- | | |
|--|---|
| 3a. On December 31, 2018, 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 |
| 3b. On or before December 31, 2018, 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 |
| 4a. On December 31, 2019, 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 |
| 4b. On or before December 31, 2019, 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 2018 and 2019**. 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

5. Have you lived in New Jersey continuously since December 31, 2008, 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.
6. Have you owned and lived in the same New Jersey home since December 31, 2015, 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

PTR-1 (2019) Page 2

Determining Total Income (Line 7): Enter your annual income for 2018. 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 2018 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2018 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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
c. Salaries, Wages, Bonuses, Commissions, and Fees c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
d. Unemployment Benefits d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
f. Interest (taxable and exempt)..... f.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
g. Dividends..... g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
h. Capital Gains..... h.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
i. Net Rental Income..... i.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
j. Net Profits From Business..... j.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
k. Net Distributive Share of Partnership Income k.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
l. Net Pro Rata Share of S Corporation Income l.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
m. Support Payments..... m.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
n. Inheritances, Bequests, and Death Benefits n.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
o. Royalties..... o.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
q. All Other Income..... q.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
7. Enter total 2018 income on line 7. (Add lines a-q).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Was your total 2018 income on line 7 \$89,013 or less?

☐

Yes. See 2019 income eligibility.

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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

PTR-1 (2019) Page 3

Determining Total Income (Line 8): Enter your annual income for 2019. 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 2019 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2019 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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
c. Salaries, Wages, Bonuses, Commissions, and Fees c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
d. Unemployment Benefits d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
f. Interest (taxable and exempt)..... f.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
g. Dividends..... g.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
h. Capital Gains..... h.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
i. Net Rental Income..... i.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
j. Net Profits From Business..... j.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
k. Net Distributive Share of Partnership Income k.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
l. Net Pro Rata Share of S Corporation Income l.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
m. Support Payments..... m.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
n. Inheritances, Bequests, and Death Benefits n.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
o. Royalties..... o.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
q. All Other Income..... q.	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
8. Enter total 2019 income on line 8. (Add lines a-q).....	8.	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Was your total 2019 income on line 8 \$91,505 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.

