2024



State of New Jersey Application for Property Tax Relief

No

Yes

For Seniors and Social Security Disability Recipients Last Name, First Name and Initial (Joint filers enter first name and middle initial of If you are Your Social Security Number each - Enter spouse/CU partner last name ONLY if different) married or in a civil union, you must provide Spouse's/CU Partner's Social Security Number information for Home Address (Number and Street, including apartment number or rural route) both spouses/ civil union partners, unless County/Municipality Code (See Table pages 13) you maintain City, Town, Post Office State ZIP Code separate main homes. Enter the address of your main home on October 1, 2024, if different from the address above. County/Municipality Code: Street Address: This is a combined application for the Property Tax Reimbursement (Senior Freeze), ANCHOR Benefit, and Stay NJ programs. The application collects information that the Division of Taxation needs to assess your eligibility for these property tax relief programs. We will determine the benefit(s) you are eligible to receive and issue payments accordingly. Complete this application ONLY if: You or your spouse/CU partner were 65 or older on December 31, 2024, OR You or your spouse/CU partner were receiving Social Security Disability benefits on December 31, 2023, and December 31, 2024. Filing Status Your Filing Status from your 2024 NJ-1040: Married/CU Partner, filing separately: Single E. Each maintains separate residence Head of Household Both maintain same residence Qualifying Widow(er)/Surviving CU Partner D. Married/CU Couple, filing joint return Age and Disability Status (Fill in all ovals that apply) Your Spouse's/CU Partner's Birth Year Your Birth Year No Yes Yourself 3a. On or before December 31, 2023, were you actually receiving federal Social Security disability benefit payments? Spouse/CU Partner Yes No No Yes 3b. On or before December 31, 2024, were you actually receiving Yourself

Residency Information

federal Social Security disability benefit payments?

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4a.	Did you own (or rent) and live in the same principal residence (main home) in New Jersey from January 1, 2024, through December 31, 2024 ? (See instructions.) If "Yes," complete line 4b. If "No," continue with line 5a.	Yes	No
4b	Indicate your residency status for all 2024.		

Homeowner (complete Schedule I)

Mobile home owner (complete Schedule II)

Renter (complete Signature section)

5a. If you answered "No" at line 4a, did you own (or rent) your main home in New Jersey on

Spouse/CU Partner

October 1, 2024? If "Yes," complete line 5b. If "No," STOP. You are not eligible for property tax relief benefits. Do not file this application.

5b. Indicate your residency status on October 1, 2024.

Homeowner (complete Schedule III)

Mobile home owner (complete Signature section)

Renter (complete Signature section)

Name(s) as shown on Property Tax Relief Application

our Social Security Number

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PAS	5-1 (2024) Page 2				
Schedule I – Homeowners (Mobile home owners and renters DO NOT complete this schedule.)					
6.	Are you filing this application for the same home as last year's ANCHOR benefit?	Yes	No		
7.	On December 31, 2024, did you own and live in the same New Jersey home that you owned and occupied on December 31, 2020 , or earlier?	Yes	No		
8.	Did you move to your current home between January 1, 2022, and December 31, 2023?	Yes	No		
9.	If your home was a unit in a Co-op or a Continuing Care Retirement Facility, indicate the type, and	l enter the name of the	building or facility.		
	Otherwise, leave blank:				
	Co-op or Continuing Care Retirement Facility	2023	2024		
	Did you share ownership of the property that was your main home on December 31 with anyone other than your spouse/CU partner?	YesNo	YesNo		
10b.	If you answered "Yes," indicate the share (percentage) of the property you (and your spouse/CU partner) owned	%	%		
11a.	Did your property consist of multiple units?	Yes No	Yes No		
11b.	If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home.	%	%		
	perty Tax				
12a	Enter the block and lot numbers of the address that was your main home for all of 2024 . Block Lot	Qualifier			
12h	. Are you claiming property taxes for additional lots? (see instructions)	Yes	No		
13.	Enter your 2023 property taxes billed for your main home (see instructions)(Prior Senior Freeze recipients. This line is preprinted with your base year property taxes.)				
14.	Enter your 2024 property taxes billed for your main home (see instructions)	,			
15a	. Did you have a Payment-in-Lieu-of-Taxes (P.I.L.O.T.) agreement with your municipality for 2024?	Yes	No		
15b	Enter your Payment-in-Lieu-of-Taxes (P.I.L.O.T.) due for 2024 (see instructions)				
	ome				
16.	Enter your 2023 New Jersey income from Worksheet A (see instructions)	,,			
17.	Enter your 2024 New Jersey income from Worksheet B (see instructions)	, , , , , , , , , , , , , , , , , , , ,			
	meowners continue to Signature section.		_		
	chedule II – Mobile Home Owners (Homeowners and renters DO NOT	complete this so	chedule.)		
	On December 31, 2024, did you own and live in a mobile home on the same site in New Jersey as the site you occupied on December 31, 2020 , or earlier?	Yes	No		
19.	Did you move to your current mobile home site between January 1, 2022, and December 31, 2023?	Yes	No		
	200011201 01, 2222	2023	2024		
20	a. Did you share site fees with anyone (other than your spouse/CU partner) who occupied the mobile home that was your main home on December 31?	Yes No	Yes No		
20	b. If you answered "Yes," indicate your share (percentage) of the mobile home park site fees	%	%		

DAG	Name(s) as shown on Property Tax Relief Application Your Social Security Number 3-1 (2024) Page 3						
	· · · · ·						
	Enter 18% of your total 2023 mobile home park site fees due (see instructions)						
22.	Enter 18% of your total 2024 mobile home park site fees due (see instructions),						
Inc 23.	Enter your 2023 New Jersey income from Worksheet C (see instructions), , , , , , , , , , , , , , , , ,						
	Enter your 2024 New Jersey income from Worksheet D (see instructions),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Schedule III – Certain Homeowners							
Complete this section only if you answered "Yes" at line 5a and moved before December 31, 2024.							
	Are you filing this application for the same home as last year's ANCHOR benefit? Yes No						
26.	If your main home on October 1, 2024, was a unit in a Co-op or a Continuing Care Retirement Facility, indicate the type, and enter the name						
	of the building or facility. Otherwise, leave blank:						
	Co-op or Continuing Care Retirement Facility						
	Did you share ownership of the property that was your main home on October 1, 2024, with anyone other than your spouse/CU partner?						
	If you answered "Yes," indicate the share (percentage) of the property you (and your spouse/ CU partner) owned						
	Did your property consist of multiple units?						
	If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home						
29.	29. Enter the block and lot numbers of the address that was your main home on October 1, 2024. Block Qualifier						
Si	gnature						
annear consequent	All of the programs included in this Property Tax Relief application are subject to appropriation in the State budget.						
	If enclosing a copy of a death certificate for a deceased applicant, check the box. (See instructions)						
	Under penalties of perjury, I declare that I have examined this Property Tax Relief 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. Due Date: October 31, 2025 Mail your completed application						
SIGN HERE	Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) Revenue Processing Center Property Tax Relief Application PO Box 635						
SIG	Your daytime phone number and/or email address (optional) Trenton, NJ 08646-0635						
	Paid Preparer's Signature Federal Identification Number						
	Firm's name Firm's Federal Employer Identification Number						
Div	rision Use 1 2 3 4 5 6 7						