

PROPERTY TAX DEDUCTION CLAIM BY VETERAN OR SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF VETERAN OR SERVICEPERSON

(N.J.S.A. 54:4-8.10 et seq.; P.L.1963, c.171 as amended; N.J.A.C. 18:27-1.1 et seq.)



IMPORTANT File this completed claim with your municipal tax assessor or collector. (See instructions on reverse.)

1. CLAIMANT OWNER'S NAME

2. CLAIMED PROPERTY LOCATION

Street Address, Unit #, if Co-op, Phone #, County, Municipality, Block, Lot, Qualifier

Mailing Address if different than Claimed Property Location

3. YEAR OF DEDUCTION This deduction is claimed for the tax year (indicate tax year).

4. VETERAN/SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF VETERAN OR SERVICEPERSON Check A, B, or C

- A. Honorably discharged veteran with active wartime service in the United States Armed Forces. ATTACH copy DD214.
B. Surviving spouse/civil union or domestic partner of honorably discharged veteran with active wartime service in the United States Armed Forces; and
C. Surviving spouse/civil union or domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; and

5. ACTIVE WARTIME SERVICE PERIOD (Check All Applicable Service Periods)

- **A. World Trade Center Rescue & Recovery September 11, 2001- May 30, 2002
**B. Operation Northern/Southern Watch August 27, 1992 - March 17, 2003
**C. Operation Iraqi Freedom March 19, 2003 - Ongoing
**D. Operation Enduring Freedom September 11, 2001 - Ongoing
**E. "Joint Endeavor/Joint Guard" - Bosnia & Herzegovina November 20, 1995 - June 20, 1998
**F. "Restore Hope" Mission - Somalia December 5, 1992 - March 31, 1994
**G. Operation Desert Shield/Desert Storm Mission August 2, 1990 - February 28, 1991
**H. Panama Peacekeeping Mission December 20, 1989 - January 31, 1990
**I. Grenada Peacekeeping Mission October 23, 1983 - November 21, 1983
**J. Lebanon Peacekeeping Mission September 26, 1982 - December 1, 1987
**K. Vietnam Conflict December 31, 1960 - May 7, 1975
**L. Lebanon Crisis of 1958 July 1, 1958 - November 1, 1958
M. Korean Conflict June 23, 1950 - January 31, 1955
N. World War II September 16, 1940 - December 31, 1946

**NOTE - Peacekeeping Missions require a minimum of 14 days service in the actual combat zone except where service-incurred injury or disability occurs in the combat zone, then actual time served, though less than 14 days, is sufficient for purposes of property tax exemption or deduction.

6. PROPERTY OWNERSHIP

I, the above named claimant, owned, wholly or in part on (deed date) the property above identified. Property must be owned as of October 1 of the pretax year, i.e., the year prior to the tax year for which deduction is claimed.

**Complete 6a only if partial owners of claimed property

6a. Name(s) of part owner(s) % ownership interest in property
**Complete 6b only if claimed property is a Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder.

6b. Corporation Name of Cooperative or Mutual Housing

Co-Op/M.H. Corp. Street Address Municipality State
\$ Net Property Tax Amount for Unit Co-op Mutual Housing Corp.

7. CITIZENSHIP & RESIDENCY (Check A or B)

- A. I, the above claimant veteran, was a citizen and legal or domiciliary resident of New Jersey as of October 1 of the pretax year.
B. I, the above claimant surviving spouse/civil union or domestic partner, was a citizen and legal or domiciliary resident of New Jersey as of October 1 of the pretax year; and
My deceased veteran or serviceperson spouse/civil union or domestic partner was a citizen and resident of New Jersey at death.

8. TAX DEDUCTION OTHER PROPERTY

I am not receiving a Veteran's Property Tax Deduction on any other property for the same tax year except as indicated here:

Street Address Municipality

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature of Claimant Date

OFFICIAL USE ONLY - Block Lot Approved in amount of \$
Veteran Surviving Spouse/Civil Union or Domestic Partner of Veteran or Serviceperson

Assessor/Collector Date
Form V.S.S. rev. October 2017

SUPPLEMENTAL FORM FOR PEACEKEEPING MISSIONS & OPERATIONS

This form is in addition to the Form DD-214, Armed Forces of the United States Report of Transfer or Discharge, where the DD-214 is not specific about participation in a Peacekeeping Mission/Operation.

All Peacekeeping Missions/Operations have the added provision that the Veteran **must** have one of the following types of service for a total of 14 days. The 14 day requirement is waived where a service injury was received in a combat zone in favor of actual time served in a combat zone though less than 14 days.

1. Service in the specific country for the Peacekeeping Mission/Operation, OR
2. Service on board any ship actively engaged in patrolling the territorial waters of the specific country for the Peacekeeping Mission/Operation, OR
3. Service in the airspace above the Republic of Bosnia and Herzegovina.

If Active Wartime Service Period indicated on Form V.S.S., Veteran/or Surviving Spouse/Surviving Civil Union Partner/Surviving Domestic Partner of a Veteran or Serviceperson Claim For Property Tax Deduction or Form D.V.S.S.E., 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 is a Peacekeeping Mission/Operation, please provide the following information regarding that service:

1. CLAIMANT NAME

Name Of Claimant Owner

2. CLAIMED PROPERTY LOCATION

Street Address

Unit #, if Co-Op

Telephone Number

County

Municipality

Block

Lot

Qualifier

Mailing Address if different from Claimed Property Location

3. SERVICE IN THE SPECIFIC COUNTRY

Name of the Country _____

Actual Dates of Service in the Combat Zone _____

4. SERVICE ON BOARD A SHIP

Name of the Vessel _____

Name of Territorial Waters Patrolled _____

Actual Dates of Service Patrolling the Waters _____

5. SERVICE IN AIRSPACE

Name of the Country _____

Actual Dates of Service in Combat Airspace _____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature of Claimant

Date

Additional proofs for the requirement of Active Wartime Service may be:

1. Military Certificate indicating your participation in the Mission/Operation and the actual dates of service.
2. Deployment Orders
3. Pay stubs indicating endangerment pay for the time period required.
4. Letter from Military Officer on official letterhead indicating the location, date and type of service.
5. Any other official document to support your claim.