

PLEASE READ AND FOLLOW ALL INSTRUCTIONS

**DISABLED VETERAN OR SURVIVING SPOUSE OF A DISABLED
VETERAN EXEMPTION APPLICATION**

Link to form: https://www.state.nj.us/treasury/taxation/pdf/other_forms/lpt/dvsse.pdf

Please provide a **COPY** of following as proof of qualification for this deduction:

1. Declaration letter (with VA Seal – raised) from Veteran’s Administration stating that veteran is **“100 % permanent and totally disabled”**

2. **COPY** of Form - DD214

3. **COPY** of service time during a Peacekeeping Mission. It is required that the Veteran have actual service in a combat zone for a total of fourteen (14) days, unless service injury was received.

Link to form: https://www.state.nj.us/treasury/taxation/pdf/other_forms/lpt/suppform.pdf

4. **COPY** of your **New Jersey Driver’s License**

5. If you are a **new** homeowner, a **COPY** of your recorded deed with the County.

Required: PROOF OF LEGAL TITLE TO PROPERTY AS OF OCTOBER 1ST OF THE PRE TAX YEAR

WIDOW OF A VETERAN

Please also provide:

1. **COPY** of the Veteran’s Death Certificate

2. **COPY** of your **New Jersey Driver’s License**

3. **DD214** (if one is not on file)

**IF YOU HAVE ANY ADDITIONAL QUESTIONS OR NEED ASSISTANCE IN COMPLETING THE APPLICATION,
PLEASE CONTACT THE ASSESSOR’S OR COLLECTOR’S OFFICE @ 609-298-2311.**

“PLEASE REMEMBER TO PROVIDE COPIES”

AN APPLICATION WITHOUT PROPER COPIES WILL BE DENIED AS INCOMPLETE.