|  | Your Social Security Number | Last Name, First Name and Initial (Joint applicants, enter first name and initial of each. Enter spouse/CU partner last name ONLY if different) |  |
| :---: | :---: | :---: | :---: |
|  | Spouse's/CU Partner's Social Security Number | Home Address (Number and Street, including apartment number or rural route) |  |
|  | County/Municipality Code (See instructions) | City, Town, Post Office State Zip Code |  |

This is a three-page application. You must complete all three pages. Fill in ovals completely.
PROOF OF AGE OR DISABILITY FOR 2016 AND 2017 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, 2016:
2. Your Marital/Civil Union Status on December 31, 2017:$\leftarrow$ Single$\leftarrow$ Married/CU Couple$\leftarrow$ Single
$\leftarrow$ Married/CU Couple

## AGE/DISABILITY STATUS

3a. On December 31, 2016, were you age 65 or older?

3b. On or before December 31, 2016, were you actually receiving Federal Social Security disability benefit payments?

4a. On December 31, 2017, were you age 65 or older?

4b. On or before December 31, 2017, were you actually receiving Federal Social Security disability benefit payments?

| Yourself | $\leftarrow$ Yes |
| :--- | :--- |
| Spouse/CU Partner | $\leftarrow$ Yes |
| Yourself | $\leftarrow \mathrm{No}$ |
| Spouse/CU Partner | $\leftarrow$ Yes |
| Kes | $\leftarrow \mathrm{No}$ |
|  | $\leftarrow \mathrm{No}$ |


| Yourself | $\leftarrow$ Yes |
| :--- | :--- |
| Spouse/CU Partner | $\leftarrow$ Yes |
|  | $\leftarrow \mathrm{No}$ |
| Yourself | $\leftarrow \mathrm{No}$ |
| Spouse/CU Partner | $\leftarrow$ Yes |
| $\leftarrow \leftarrow \mathrm{Yes}$ | $\leftarrow \mathrm{No}$ |
| $\leftarrow \mathrm{No}$ |  |

Applicant(s) must meet the age or disability requirements for both 2016 and 2017. 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, 2006, or earlier as either a homeowner or a renter?

$$
\leftrightarrow \leftarrow \mathrm{Yes} \circlearrowleft \leftarrow \mathrm{No}
$$

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, 2013, or earlier? (Mobile Home Owners, see instructions)
$\leftarrow \mathrm{Yes}$ If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.

DETERMINING TOTAL INCOME: LINES 7 and 8: Enter your annual income for 2016 and 2017. See "Income Standards" and "Determining Total Income" in the instructions for information on possible sources of income and how to determine the amount to be reported in each category. If you had no income in a particular 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 either 2016 or 2017, and living in the same household, combine your incomes for that year. If you lived in separate households, file as "single."

| INCOME CATEGORIES | 2016 | 2017 |
| :---: | :---: | :---: |
| 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 |  |  |
| b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount. |  |  |
| c. Salaries, Wages, Bonuses, Commissions, and Fees |  |  |
| d. Unemployment Benefits . . . . . . . . . . . . . . . |  |  |
| e. Disability Benefits, whether public or private (including veterans' and black lung benefits). |  |  |
| f. Interest (taxable and exempt). . . . . . . . . . . . |  |  |
| g. Dividends . . . . . . . . . . . . . . . . . . . . . . . . |  |  |
| h. Capital Gains |  |  |
| i. Net Rental Income . . . . . . . . . . . . . . . . . . |  |  |
| j. Net Profits From Business |  |  |
| k. Net Distributive Share of Partnership Income . |  |  |
| I. Net Pro Rata Share of S Corporation Income . |  |  |
| m. Support Payments . . . . . . . . . . . . . . . . . . . |  |  |
| n. Inheritances, Bequests, and Death Benefits . . |  |  |
| o. Royalties . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |
| p. Gambling and Lottery Winnings |  |  |
|  |  |  |
| Add lines a-q in each column. Enter total 2016 income on Line 7 and total 2017 income on Line 8. | . TOTAL 2016 INCOME | 8. TOTAL 2017 INCOME |
|  |  |  |
| Total annual income cannot $\rightarrow$ exceed amounts shown. | Was your total 2016 income on Line $\mathbf{7} \$ 87,007$ or less? <br> Yes. See 2017 income eligibility. <br> No. STOP. You are not eligible for the reimbursement, and you should not file this application. | Was your total 2017 income on Line $8 \mathbf{\$ 8 7 , 2 6 8}$ or less? <br> (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 3. No. STOP. You are not eligible for the reimbursement, and you should not file this application. |
|  |  | ONTINUE TO PAGE $3 \rightarrow$ |

## PRINCIPAL RESIDENCE

9. Status (fill in appropriate oval): $>\leftarrow$ Homeowner $>\leftarrow$ Mobile Home Owner
10. Homeowners: Enter the below information for your 2017 principal residence. (See instructions for Qualifier)


11a. Did you share ownership of this property with anyone other than your spouse/CU partner? (Mobile Home Owners, see instructions)
...
 Yes



11b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)

| 2016 | 2017 |
| :---: | :---: |
| $\square$ Yes $\square$ No | $\square$ Yes $\square$ No |



12a. Did this property consist of multiple units?


12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence.


See instructions before completing Lines 13 and 14 if you:

- Answered "Yes" at Line 11a or Line 12a; or
- Received any deduction(s) and/or credit(s) on your property tax bills.


## PROPERTY TAXES

Proof of Property Taxes Due and Paid for 2016 and 2017 Must be Submitted With Application. See instructions.
13. Enter your total 2017 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18).

14. Enter your total 2016 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18 ).


REIMBURSEMENT AMOUNT (See "Impact of State Budget" on page 1 of instructions.)
15. Reimbursement. (Amount to be sent to you. Subtract Line 14 from Line 13)


If Line 15 is zero or less, you are not eligible for a reimbursement, and you should not file this application.


