Place preprinted label below ONLY if the information is correct. Otherwise print or type your name and address.

|  | 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 (Numbe | number) |  |
| $\frac{8}{3}$ | 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

$\begin{array}{lllll}\text { 1. Your Marital/Civil Union Status on December 31, 2018: } & \square & \text { Single } & \square & \text { Married/CU Couple } \\ \text { 2. Your Marital/Civil Union Status on December 31, 2019: } & \square & \text { Single } & \square & \text { Married/CU Couple }\end{array}$

## Age/Disability Status

3a. On December 31, 2018, were you age 65 or older?

3b. On or before December 31, 2018, were you actually receiving federal Social Security disability benefit payments?

4a. On December 31, 2019, were you age 65 or older?

4b. On or before December 31, 2019, were you actually receiving federal Social Security disability benefit
Yourself
Spouse/CU Partne

| $\square$ | Yes | $\square$ | No |
| :--- | :--- | :--- | :--- |
| $\square$ | Yes | $\square$ | No |
| $\square$ | Yes | $\square$ | No |
| $\square$ | Yes | $\square$ | No | payments?

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?
$\square$ 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) $\quad \square$ Yes $\square$ No If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.

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| Name(s) as shown on Form PTR-1 | Your Social Security Number |
| :--- | :--- |

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.
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount $\qquad$ b.
c. Salaries, Wages, Bonuses, Commissions, and Fees $\qquad$ c.
d. Unemployment Benefits $\qquad$d.
e. Disability Benefits, whether public or private (including veterans' and black lung benefits).

$\qquad$
.f. Interest (taxable and exempt)
$\qquad$g. Dividends
$\qquad$g.
h. Capital Gainsh.
i. Net Rental Income.

$\qquad$ .....  i.
j. Net Profits From Business

$\qquad$ ..... j.
k. Net Distributive Share of Partnership Income

$\qquad$ ..... k.
I. Net Pro Rata Share of S Corporation Income

$\qquad$ .....  I.
m. Support Payments
$\qquad$m.
n. Inheritances, Bequests, and Death Benefits

$\qquad$
n.o. Royalties.
$\qquad$q. All Other Income.
$\qquad$ q.
p. Gambling and Lottery Winnings (including New Gambling and L
Jersey Lottery)

$\qquad$

$\qquad$ ..... p.

$\square$
$\square$

$\square$$\square$
$\square$ $\square$
$\square \square$

$\square$ .....  $\square$

$\square$

$\square$
$\square$
$\square$
$\square$
$\square$ 7, $\square$$1 . \square \square$


$\square$ , $\square$$\square . \square$

$\square$





## 7. Enter total 2018 income on line 7. (Add lines a-q)

$\qquad$

Was your total 2018 income on line $7 \$ 89,013$ or less?
Yes. See 2019 income eligibility.
No. STOP. You are not eligible for the reimbursement, and you should not file this application.

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| Name(s) as shown on Form PTR-1 | Your Social Security Number |
| :--- | :--- |

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 .
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount $\qquad$ b.
c. Salaries, Wages, Bonuses, Commissions, and Fees $\qquad$ c.
d. Unemployment Benefits $\qquad$
e. Disability Benefits, whether public or private (including veterans' and black lung benefits)

$\qquad$f. Interest (taxable and exempt)
$\qquad$
g. Dividends $\qquad$g.h. Capital Gainsns.
$\qquad$h.
i. Net Rental Income

$\qquad$ .....  i.
j. Net Profits From Business

$\qquad$ ..... j.
k. Net Distributive Share of Partnership Income ..... k.
I. Net Pro Rata Share of S Corporation Income

$\qquad$ .....  I.
m. Support Payments
$\qquad$m.
n. Inheritances, Bequests, and Death Benefits

$\qquad$ ..... n.o. Royalties
$\qquad$
q. All Other Income
$\qquad$q.
p. Gambling and Lottery Winnings (including New Jersey Lottery)

$\qquad$ ..... p.

$\square$
$\square$

$\square$
$\square$
$\square$
$\square$
$\square$



 $\square \square \square, \square \square . \square \square$
$\square$

$\square$
$\square$
8. Enter total 2019 income on line 8. (Add lines a-q) $\square$
$\square$ $\square$
Was your total 2019 income on line $\mathbf{8} \$ 91,505$ 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.

PTR-1 (2019) Page 4

| Name(s) as shown on Form PTR-1 | Your Social Security Number |
| :--- | :--- |

## Principal Residence

9. Status (fill in appropriate oval): $\quad \square$ Homeowner Mobile Home Owner
10. Homeowners: Enter the block and lot numbers of your 2019 principal residence.

Block
पापाप.पाप

Lot
$\square|\square| \square . \square|\square| \square$

Qualifier


11a. Did you share ownership of this property with anyone other than your spouse/CU Partner? (Mobile Home Owners, see instructions) $\square$ Yes $\square$ No $\square_{\text {res }} \square_{\mathrm{No}}$
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) $\qquad$


12a. Did this property consist of multiple units? $\qquad$
12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence. . $\square$$\square \quad \square$

If you answered "Yes" at line 11a or 12a, see instructions before completing lines 13 and 14.

## Property Taxes

Proof of Property Taxes Due and Paid for 2018 and 2019 Must be Submitted With Application. See Instructions.
If you are claiming property taxes for additional lots, check box. (See instructions) $\square$
13. Enter your total 2019 property taxes due and paid (including any credits/deductions) on your principal residence. See instructions. (Mobile Home Owners: Property taxes = total site fees paid $\times 0.18$ )

14. Enter your total 2018 property taxes due and paid (including any credits/deductions) on your principal residence. See instructions. (Mobile Home Owners: Property taxes = total site fees paid X 0.18 ) $\qquad$ 14. $\square$ $\square$

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) $\qquad$


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


