



New Jersey's Property Tax Relief Programs

*Joyce Olshansky, Team Leader
Alexis Reid, Instructor
Taxation University*



Property Tax Relief Programs

- Homestead Benefit
 - Homeowners Only
- Property Tax Reimbursement
 - Homeowners
 - Mobile Home Owners
- Local Property Tax Relief
 - Senior Deduction
 - Veteran's Deduction
 - 100% Disabled Veterans



Homestead Benefit



Homestead Benefit

Qualifications Remain the Same

- Owned/Occupied Residence
- Gross Income Limits
 - \$150,000 – 65/Over or Disabled
 - \$75,000 – Everyone Else

Benefit Calculation

65/over or Disabled

If your 2015 New Jersey Gross Income* is...	Your benefit payment**, according to the FY2018 Budget appropriation is calculated by ...
Not over \$100,000	Multiplying the amount of your 2006 Property Taxes paid (up to \$10,000) by 5%
Over \$100,000 But not over \$150,000	Multiplying the amount of your 2006 Property Taxes paid (up to \$10,000) by 2.5%
Over \$150,000	Not eligible

Everyone Else

If your 2015 New Jersey Gross Income* is...	Your benefit payment**, according to the FY2018 Budget appropriation is calculated by ...
Not over \$50,000	Multiplying the amount of your 2006 Property Taxes paid (up to \$10,000) by 5%
Over \$50,000 But not over \$75,000	Multiplying the amount of your 2006 Property Taxes paid (up to \$10,000) by 3.335%
Over \$75,000	Not eligible



Homestead Benefit

- Paid as a Direct Property Tax Credit
 - Shown on Municipal Tax Bill
 - 2015 Paid Beginning May 1

- Certain Filers Receive a Paper Check or Direct Deposit
 - Continuing Care Community
 - Co-op Housing Complex
 - Certain Estates
 - Sold Residence

**STATE OF NEW JERSEY
2015 HOMESTEAD BENEFIT APPLICATION (FOR HOMEOWNERS)**

If you are married or in a civil union, you must provide information for both spouses/civil union partners, unless you maintain separate residences.	Your Social Security Number [][][][] - [][][][] - [][][][][]	Last Name, First Name and Initial (Joint filers 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 Table pages 8-9) [][][][]	City, Town, Post Office State Zip Code

Your Identification Number	[][][][] - [][][][] - [][][][]	If you are married or in a civil union, you must provide information for both spouses/civil union partners, unless you maintain separate residences.	Your Birth Year	[][][][]
Your PIN	[][][][]		Your Spouse's/CU Partner's Birth Year	[][][][]

HOMESTEAD BENEFIT FILING STATUS	(Fill in only one oval)	OWNER'S STATUS	7. Do you still own the property for which you are filing this application? If you are about to sell the property, see instructions on page 2 before answering. Yes <input type="radio"/> No <input type="radio"/> If "No," when did/will you sell/transfer the property? _____
	1. <input type="radio"/> Single 2. <input type="radio"/> Married/CU Couple, filing joint return 3. <input type="radio"/> Married/CU Partner, filing separately: each maintains separate residence 4. <input type="radio"/> Head of Household 5. <input type="radio"/> Qualifying Widow(er)/Surviving CU Partner 6. <input type="radio"/> Married/CU Partner, filing separately: both maintain same residence		

8. On October 1, 2015, I owned and occupied a home in New Jersey as my principal residence. Yes No
 If "No," STOP. You are not eligible for a benefit as a homeowner and you should not file this application.
- 9a. Were you age 65 or older on December 31, 2015? **Yourself:** Yes No **Spouse/CU Partner:** Yes No
- 9b. Were you blind or disabled on December 31, 2015? **Yourself:** Yes No **Spouse/CU Partner:** Yes No
 Proof of age or disability is required if you fill in "Yes" for yourself and/or spouse/CU partner at 9a or 9b. See instruction page 4.
10. Enter the amount of 2015 New Jersey Gross Income. See instructions on reverse .. 10 [][][] , [][][][] , [][][][]
11. **Fill in the oval on this line if:** (a) You did not receive an application packet containing an Identification Number and PIN for the home that was your principal residence on October 1, 2015, or (b) the name on the application packet that you did receive is not yours, or (c) the name on the application you received needs to be changed for any reason.
 Widow(er)s/Surviving CU Partners, see instruction page 1.
12. **TYPE OF RESIDENCE.** If your home was a unit in a Co-op or a Continuing Care Retirement Facility on October 1, 2015, indicate the type, and enter the name of the building or facility. Co-op Continuing Care Retirement Facility
 Name of Co-op or Continuing Care Retirement Facility: _____
13. Enter the address of your principal residence on October 1, 2015, **if different from the address above.**
 Street Address: _____ Municipality: _____
14. Enter the block and lot number of your principal residence on October 1, 2015:
 Block [][][][][] Lot [][][][][] Qualifier [][][][][]
- 15a. Did you share ownership of this property with someone who was not your spouse/CU partner? Yes No
 See instruction page 4.
- b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner). See instruction page 5. [][] %
- 16a. Did the property for which you are filing this application consist of multiple units? See instruction page 5. Yes No
- b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence. See instruction page 5. [][] %



Who's Qualified & for How Much?

- Are You a Multi-Owner?
 - With a Spouse
 - With Someone Other than a Spouse
 - Life Tenant
- Is Your Property Multi-Unit?
 - Based on Square Footage
 - No More than 4 Units
 - No More than One Commercial
- If Multi-Owner and Multi-Unit:
 - Use % Occupied

Not a Co-op or Condominium

**STATE OF NEW JERSEY
2015 HOMESTEAD BENEFIT APPLICATION (FOR HOMEOWNERS)**

If you are married or in a civil union, you must provide information for both spouses/civil union partners, unless you maintain separate residences.	Your Social Security Number [][][][] - [][][][] - [][][][][]	Last Name, First Name and Initial (Joint filers 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 Table pages 8-9) [][][][]	City, Town, Post Office State Zip Code

Your Identification Number [][][][] - [][][][] - [][][][]	If you are married or in a civil union, you must provide information for both spouses/civil union partners, unless you maintain separate residences.	Your Birth Year [][][]
Your PIN [][][][]		Your Spouse's/CU Partner's Birth Year [][][]

HOMESTEAD BENEFIT FILING STATUS	(Fill in only one oval)		OWNERSHIP STATUS
	1. <input type="radio"/> Single 2. <input type="radio"/> Married/CU Couple, filing joint return 3. <input type="radio"/> Married/CU Partner, filing separately: each maintains separate residence	4. <input type="radio"/> Head of Household 5. <input type="radio"/> Qualifying Widow(er)/Surviving CU Partner 6. <input type="radio"/> Married/CU Partner, filing separately: both maintain same residence	

8. On October 1, 2015, I owned and occupied a home in New Jersey as my principal residence. Yes No
 If "No," STOP. You are not eligible for a benefit as a homeowner and you should not file this application.

9a. Were you age 65 or older on December 31, 2015? Yourself: Yes No Spouse/CU Partner: Yes No

9b. Were you blind or disabled on December 31, 2015? Yourself: Yes No Spouse/CU Partner: Yes No
 Proof of age or disability is required if you fill in "Yes" for yourself and/or spouse/CU partner at 9a or 9b. See instruction page 4.

10. Enter the amount of 2015 New Jersey Gross Income. See instructions on reverse .. 10 [][][] , [][][][] , [][][][]

11. Fill in the oval on this line if: (a) You did not receive an application packet containing an Identification Number and PIN for the home that was your principal residence on October 1, 2015, or (b) the name on the application packet that you did receive is not yours, or (c) the name on the application you received needs to be changed for any reason.
 Widow(er)s/Surviving CU Partners, see instruction page 1.

12. TYPE OF RESIDENCE. If your home was a unit in a Co-op or a Continuing Care Retirement Facility on October 1, 2015, indicate the type, and enter the name of the building or facility. Co-op Continuing Care Retirement Facility
 Name of Co-op or Continuing Care Retirement Facility: _____

13. Enter the address of your principal residence on October 1, 2015, **if different from the address above.**
 Street Address: _____ Municipality: _____

14. Enter the block and lot number of your principal residence on October 1, 2015:
 Block [][][][] [][][][] Lot [][][][][] [][][][][] Qualifier [][][][][]

15a. Did you share ownership of this property with someone who was not your spouse/CU partner? Yes No
 See instruction page 4.
 b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner). See instruction page 5. [][] %

16a. Did the property for which you are filing this application consist of multiple units? See instruction page 5. Yes No
 b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence. See instruction page 5. [][] %



Senior Freeze

Property Tax Reimbursement



Property Tax Reimbursement

Eligibility Guidelines

- Age 65/older or Receiving Social Security Disability
 - By 12/31/16
- Lived in New Jersey for 10 Years
 - Since 12/31/06
- Owned and Lived in the Home for 3 Years
 - Since 12/31/13
- Property Taxes Paid
 - Homeowners: By June 1st of the Following Year
 - Mobile Home Owners: By December 31st



Property Tax Reimbursement

- Effective PTR Application Year 2007
 - Paid in Full by 6/1 of Subsequent Year
- Application Years 2006 and Prior
 - Paid in Full by 12/31 of Each Year
- Mobile Home Owners
 - Site Fees Due 12/31



Property Tax Reimbursement

Income Eligibility Limits

- 2016
 - Single/Married \$87,007
- 2017
 - Single/Married \$87,268

Subject to change by the State Budget.



State Budget – Income Limits

2016 Income Limit Change

- Income Over \$87,007
 - Not qualified
- Income Between \$70,000 and \$87,007
 - No Reimbursement Check
 - Keep Base Year
 - 2017 PTR-2 Application

Applicants with Income Under the Original Income Limit Should Always File.



Income Limits

Includes Most Gross Income Categories

- Social Security
- Unemployment
- Military Pension
- New Jersey Lottery Winnings



PTR Pension Treatment

- Changes to Treatment of Pension Income
- New Jersey Taxable Pension (Line 19a, Form NJ-1040)
- Include Tax Exempt Retirement Income
 - US Military Pension
 - Disability Pension
 - Roth IRA



Deadline Information

- 2017 PTR Application Deadline
 - Deadline: October 31, 2018
- Reimbursement Checks

When Did You Send Your Application?	Check Issued on or Before
Before May 1, 2018	July 15, 2018
Between May 2 – June 1, 2018	Sept. 1, 2018
Between June 2 – Sept. 1, 2018	Nov. 1, 2018
Between Sept. 2 – Oct. 31, 2018	Dec. 1, 2018



First Time Filers

Form PTR-1

- Establishes 2016 and 2017 Eligibility
- Reserves Base Year at 2016 Level
- Difference of 2017 & 2016 Taxes

Proof of Property Taxes Paid Must be Included with all PTR Applications



2nd Year and Later Year Filers

Form PTR-2

- Comes Pre-Printed with Base Year
- Verifies 2017 Eligibility
- Difference of 2017 and Base Year



Base Year Changes

- Income Exceeds the Original Limit
 - Re-establish at the Lower Amount
- Property Taxes Go Below Base Amount
 - Re-establish at the Lower Amount
- Certain Assessment Changes
- Applicant Moves



Reevaluations & Reassessments

- Reevaluations – Increased or Decreased Property Tax
 - Use the Reevaluated Amount
- Added Assessments – Increased Property Value
 - Results in an Adjusted Base Year
 - Added Assessment Included in Base Year and Current Year



Appealed Assessment

- Results-Increase or Decrease of Property Taxes
 - Applicant must notify Division of the Property Tax Change
- File Amended Property Tax Reimbursement Application
 - Greater Reimbursement: Division Issues Check for the Difference
 - Lesser reimbursement: Applicant Required to Pay Difference

Tax Collector – Check the Box on Part II of PTR-1A/2A., if there was a tax appeal.

Homeowners

Verification of 2016 and 2017 Property Taxes
(Use blue or black ink. See instructions for completion on back.)

Part I – To Be Completed by Applicant (Part II to be completed by tax collector)

Social Security # _____ Spouse's/CU Partner's Social Security # _____

Name _____
Last Name, First Name, and Initial (Joint filers, enter first name and initial of each - Enter spouse's/CU partner's last name ONLY if different)

Address _____
Street City State Zip Code

Block _____ Lot _____ Qualifier _____

	2016	2017
A. Did you own this property with someone who was not your spouse/CU partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. If yes, indicate the share (percentage) of property that you (and your spouse/CU partner) owned.	<input type="text"/> %	<input type="text"/> %
C. Did this property consist of multiple units?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. If yes, indicate the share (percentage) of property used as your principal residence.	<input type="text"/> %	<input type="text"/> %

Part II – To Be Completed by Tax Collector

2016 Property Taxes

Check box if property had a tax appeal for 2016

Check box if property had an added assessment for 2016 .

1. Assessed Value \$ _____

2. Tax Rate (including fire and other special tax rates) %

3. Total Property Taxes (Multiply Line 1 by Line 2) \$ _____

4. REAP Credit (if any) \$ _____

5. Enter amount from Line 3. If applicant answered "Yes" to Questions A and/or C above, you must apportion the amount on Line 3 when completing this line. (See instructions on back.) \$

Homeowners, enter this amount on Line 14 of your Form PTR-1

2017 Property Taxes

Check box if property had a tax appeal for 2017

Check box if property had an added assessment for 2017.

1. Assessed Value \$ _____

2. Tax Rate (including fire and other special tax rates) %

3. Total Property Taxes (Multiply Line 1 by Line 2) \$ _____

4. REAP Credit (if any) \$ _____

5. Enter amount from Line 3. If applicant answered "Yes" to Questions A and/or C above, you must apportion the amount on Line 3 when completing this line. (See instructions on back.) \$

Homeowners, enter this amount on Line 13 of your Form PTR-1

Under the penalties of perjury, I certify that I am the local tax collector of _____ where the above property is located. I further certify that the above-stated amounts of property taxes due were paid for calendar years 2016 and 2017 and are true and accurate to the best of my knowledge. I have placed my stamp below for verification.

(Name) (Date)

(Title)



Form PTR-1-C

- Applicant Relocates
 - Already Enrolled in the Program
 - Relocates to another New Jersey Residence
- Establish Eligibility After 2 Years
 - Division Sends Automatically
 - Contact the Division for the Form



Property Tax Proof

- Homeowner's Verification Forms:
 - PTR-1A/B – First Time Filers
 - PTR-2A/B – Second and Later Years
- Copies of Final Property Tax Bills
 - Copies of Canceled Checks
 - Copies of Form 1098
 - Not easy!

Homeowners

Verification of 2016 and 2017 Property Taxes
(Use blue or black ink. See instructions for completion on back.)

Part I – To Be Completed by Applicant (Part II to be completed by tax collector)

Social Security # _____ - _____ Spouse's/CU Partner's Social Security # _____ - _____

Name _____
Last Name, First Name, and Initial (Joint filers, enter first name and initial of each - Enter spouse's/CU partner's last name ONLY if different)

Address _____
Street City State Zip Code

Block _____ Lot _____ Qualifier _____

	2016	2017
A. Did you own this property with someone who was not your spouse/CU partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. If yes, indicate the share (percentage) of property that you (and your spouse/CU partner) owned.	<input type="text"/> % <input type="text"/> %	<input type="text"/> % <input type="text"/> %
C. Did this property consist of multiple units?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. If yes, indicate the share (percentage) of property used as your principal residence.	<input type="text"/> % <input type="text"/> %	<input type="text"/> % <input type="text"/> %

Part II – To Be Completed by Tax Collector

2016 Property Taxes

Check box if property had a tax appeal for 2016

Check box if property had an added assessment for 2016 .


1. Assessed Value \$ _____

2. Tax Rate (including fire and other special tax rates) %

3. Total Property Taxes (Multiply Line 1 by Line 2) \$ _____

4. REAP Credit (if any) \$ _____

5. Enter amount from Line 3. If applicant answered "Yes" to Questions A and/or C above, you must apportion the amount on Line 3 when completing this line. (See instructions on back.) \$

Homeowners, enter this amount on Line 14 of your Form PTR-1 

2017 Property Taxes

Check box if property had a tax appeal for 2017

Check box if property had an added assessment for 2017.


1. Assessed Value \$ _____

2. Tax Rate (including fire and other special tax rates) %

3. Total Property Taxes (Multiply Line 1 by Line 2) \$ _____

4. REAP Credit (if any) \$ _____

5. Enter amount from Line 3. If applicant answered "Yes" to Questions A and/or C above, you must apportion the amount on Line 3 when completing this line. (See instructions on back.) \$

Homeowners, enter this amount on Line 13 of your Form PTR-1 

Under the penalties of perjury, I certify that I am the local tax collector of _____ where the above property is located. I further certify that the above-stated amounts of property taxes due were paid for calendar years 2016 and 2017 and are true and accurate to the best of my knowledge. I have placed my stamp below for verification.

(Name) (Date)

(Title)



What if Someone Forgets to File?

- Eligible Homeowners May File Prior Year Applications
 - We Won't Pay Prior Year Reimbursements
 - We Will Give a Base Year for the Oldest Eligible Filing
 - Applicants Use Form PTR-1 to File Prior Years
 - Will Also Need Proof of Property Taxes



Budgetary Approval

- All Property Tax Relief Benefits are Subject to Change
- NJ FY 2019 Budget
 - Passed July 1, 2018



Out of State Residents



Letter of Ineligibility for Out-of-State Residents

- Complete "Request for a Letter of Property Tax Relief Ineligibility" Form
- Available on Division's Website at:
<http://www.state.nj.us/treasury/taxation/ineligibility.shtml>
- Mail Completed Form to the Division

STATE OF NEW JERSEY
Department of the Treasury
Division of Taxation
P.O. Box 266
Trenton, NJ 08695-0266

Request for a Letter of Property Tax Relief Ineligibility – Out-of-State Residents

Please fully complete this form and mail it to the address listed in the bottom right hand corner.

Last name, First name (If married include spouse's/CU Partner's name):

Social security number (If married include spouse's/CU Partner's social security number):

____-____-____

Previous New Jersey address:

Current mailing address:

Exact date New Jersey residency ended: ____/____/____

What State do you reside in? _____

Start date of current State Residency: ____/____/____

Under penalties of perjury, I declare that I am not eligible for benefits under any of New Jersey's property tax relief programs.

Your signature

Date

Spouse/CU Partner's signature

Date

Mail to:
New Jersey Division of Taxation
ATTN: Property Tax Relief Programs Unit
PO Box 266
Trenton, NJ 08695-0266



Local Property Tax Relief



Local Property Tax Relief

- Administered by the Local Municipality
- Visit the Division's Website for Applications
- Contact the Division's Local Property Branch for Questions



Military Property Tax Deferment

- Resident Deployed for Active Wartime Service
 - All Branches of the Military
- Property Only Owned by Deployed Military Resident
- Property Taxes Paid by State
 - Military Resident Must Repay
 - ***Paid in Full:*** 90 Days After Last Day of Deployment
 - Local Tax Office Refunds the State
- Apply with Local Tax Office



Local Property Tax Relief

- Annual Deduction for Senior Citizens, Disabled Persons
 - Available to Surviving Spouse/Civil Union
- Annual Deduction for Veterans
 - Available to Surviving Spouse/Civil Union or Domestic Partner
 - **New** Active Wartime Service Period
 - World Trade Center Rescue & Recovery
- Property Tax Exemption for Disabled Veterans
 - Available to Surviving Spouse/Civil Union or Domestic Partner

File Completed Forms with the Municipal Tax Assessor.



Contact Information

- Assistance for Local Government
 - Local Property Branch
 - 609-292-7813
 - www.njtaxation.org - Local Property Tax Link
 - Legislative Hotline
 - 609-633-8433
- Assistance for the Public
 - Homestead Benefit
 - 1-888-238-1233
 - Property Tax Reimbursement
 - 1-800-882-6597



Contact Information

Taxation University

- 609-633-6015
- outreach.tax@treas.nj.gov
- www.njtaxation.org

Follow Us on Social Media!

