

2024
PAS-1



State of New Jersey
Application for Property Tax Relief
For Seniors and Social Security Disability Recipients

If you are married or in a civil union, you must provide information for both spouses/civil union partners, unless you maintain separate main homes.

Your Social Security Number

Spouse's/CU Partner's Social Security Number

County/Municipality Code (See Table pages 13)

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

Home Address (Number and Street, including apartment number or rural route)

City, Town, Post Office

State

ZIP Code

Enter the address of your main home on October 1, 2024, if different from the address above.

Street Address:

County/Municipality Code:

This is a combined application for the Property Tax Reimbursement (Senior Freeze), ANCHOR Benefit, and Stay NJ programs. The application collects information that the Division of Taxation needs to assess your eligibility for these property tax relief programs. We will determine the benefit(s) you are eligible to receive and issue payments accordingly.

Complete this application ONLY if:

- You or your spouse/CU partner were 65 or older on December 31, 2024, **OR**
- You or your spouse/CU partner were receiving Social Security Disability benefits on December 31, 2023, **and** December 31, 2024.

Filing Status

1. Your Filing Status from your 2024 NJ-1040:

- ☐ A. Single
- ☐ B. Head of Household
- ☐ C. Qualifying Widow(er)/Surviving CU Partner
- ☐ D. Married/CU Couple, filing joint return

Married/CU Partner, filing separately:

- ☐ E. Each maintains **separate** residence
- ☐ F. Both maintain **same** residence

Age and Disability Status (Fill in all ovals that apply)

2. Your Birth Year

Your Spouse's/CU Partner's Birth Year

3a. On or before December 31, 2023, were you actually receiving federal Social Security disability benefit payments?

Yourself

Spouse/CU Partner

☐ Yes

☐ No

☐ Yes

☐ No

3b. On or before December 31, 2024, were you actually receiving federal Social Security disability benefit payments?

Yourself

Spouse/CU Partner

☐ Yes

☐ No

☐ Yes

☐ No

Residency Information

4a. Did you own (or rent) and live in the same principal residence (main home) in New Jersey from **January 1, 2024, through December 31, 2024**? (See instructions.) If "Yes," complete line 4b. If "No," continue with line 5a.

☐ Yes

☐ No

4b. Indicate your residency status for all 2024.

☐ Homeowner (complete Schedule I)

☐ Mobile home owner (complete Schedule II)

☐ Renter (complete Signature section)

5a. If you answered "No" at line 4a, did you own (or rent) your main home in New Jersey on **October 1, 2024**? If "Yes," complete line 5b. If "No," STOP. You are not eligible for property tax relief benefits. Do not file this application.

☐ Yes

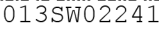
☐ No

5b. Indicate your residency status on October 1, 2024.

☐ Homeowner (complete Schedule III)

☐ Mobile home owner (complete Signature section)

☐ Renter (complete Signature section)



Your Social Security Number

- Otherwise, leave blank: _____

2023	2024
<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="text"/> <input type="text"/> %</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="text"/> <input type="text"/> %</p>
<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="text"/> <input type="text"/> %</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="text"/> <input type="text"/> %</p>

Block Lot Qualifier

16. Enter your 2023 New Jersey income from Worksheet A (see instructions).....
17. Enter your 2024 New Jersey income from Worksheet B (see instructions)

Schedule II – Mobile Home Owners (Homeowners and renters DO NOT complete this schedule.)

- | | | |
|---|--|--|
| 18. On December 31, 2024, did you own and live in a mobile home on the same site in New Jersey as the site you occupied on December 31, 2020 , or earlier? | <input type="radio"/> Yes | <input type="radio"/> No |
| 19. Did you move to your current mobile home site between January 1, 2022, and December 31, 2023 ? | <input type="radio"/> Yes | <input type="radio"/> No |
| | 2023 | 2024 |
| 20a. Did you share site fees with anyone (other than your spouse/CU partner) who occupied the mobile home that was your main home on December 31? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 20b. If you answered "Yes," indicate your share (percentage) of the mobile home park site fees | <input type="text"/> <input type="text"/> % | <input type="text"/> <input type="text"/> % |



Name(s) as shown on Property Tax Relief Application

Your Social Security Number

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Site Fees

21. Enter 18% of your total 2023 mobile home park site fees due (see instructions)
(Prior Senior Freeze recipients. This line is preprinted with your base year property taxes (18% of site fees).

22. Enter 18% of your total 2024 mobile home park site fees due (see instructions)

Income

23. Enter your 2023 New Jersey income from Worksheet C (see instructions)

24. Enter your 2024 New Jersey income from Worksheet D (see instructions)

Mobile home owners continue to Signature section.**Schedule III – Certain Homeowners****Complete this section only if you answered “Yes” at line 5a and moved before December 31, 2024.**

25. Are you filing this application for the same home as last year's ANCHOR benefit? ☐ Yes ☐ No

26. If your main home on October 1, 2024, was a unit in a Co-op or a Continuing Care Retirement Facility, indicate the type, and enter the name of the building or facility. Otherwise, leave blank: _____

☐ Co-op or ☐ Continuing Care Retirement Facility

27a. Did you share ownership of the property that was your main home on October 1, 2024, with anyone other than your spouse/CU partner? ☐ Yes ☐ No

27b. If you answered “Yes,” indicate the share (percentage) of the property you (and your spouse/ CU partner) owned %

28a. Did your property consist of multiple units? ☐ Yes ☐ No

28b. If you answered “Yes,” indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home %

29. Enter the block and lot numbers of the address that was your main home on **October 1, 2024**.

Block

Lot

Qualifier

Signature**All of the programs included in this Property Tax Relief application are subject to appropriation in the State budget.**

SIGN HERE	If enclosing a copy of a death certificate for a deceased applicant, check the box. (See instructions) <input type="checkbox"/>		Due Date: October 31, 2025 Mail your completed application to: NJ Division of Taxation Revenue Processing Center Property Tax Relief Application PO Box 635 Trenton, NJ 08646-0635
	Under penalties of perjury, I declare that I have examined this Property Tax Relief application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than applicant, this declaration is based on all information of which the preparer has any knowledge.		
	Your Signature _____	Date _____ Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) _____	
	Your daytime phone number and/or email address (optional) _____		
	Paid Preparer's Signature _____	Federal Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Firm's name _____	Firm's Federal Employer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Division Use