







Name(s) as shown on Form PTR-1	Your Social Security Number
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**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 ..... b.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
c. Salaries, Wages, Bonuses, Commissions, and Fees ..... c.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
d. Unemployment Benefits ..... d.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
f. Interest (taxable and exempt)..... f.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
g. Dividends..... g.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
h. Capital Gains..... h.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
i. Net Rental Income..... i.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
j. Net Profits From Business..... j.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
k. Net Distributive Share of Partnership Income ..... k.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
l. Net Pro Rata Share of S Corporation Income ..... l.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
m. Support Payments..... m.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
n. Inheritances, Bequests, and Death Benefits ..... n.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
o. Royalties..... o.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
q. All Other Income..... q.		[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]
<b>8. Enter total 2019 income on line 8. (Add lines a-q).....</b>	<b>8.</b>	[ ] [ ] [ ] ,	[ ] [ ] [ ] [ ] [ ] [ ] .	[ ] [ ]

**Was your total 2019 income on line 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.

