2024		State of	f New Jersey	
PAS-1	013SW01241	Application for For Seniors and Social		
If you are married or in a civil union, you must provide	Your Social Security Number	Last Name, First Name and Initial (each – Enter spouse/CU partner last n		e and middle initial of
information for both spouses/ civil union partners, unless	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street,	including apartment numb	per or rural route)
you maintain separate main homes.	County/Municipality Code (See Table pages 13)	City, Town, Post Office	State	ZIP Code
Enter the addres	s of your main home on October 1, 2024, if differe	nt from the address above.		
Street Address:		County/M	unicipality Code:	
collects informat	ed application for the Property Tax Reimbursement ion that the Division of Taxation needs to assess yc e eligible to receive and issue payments accordingl	our eligibility for these property tax re		
 You or your sp 	is application ONLY if: bouse/CU partner were 65 or older on December 3 [°] bouse/CU partner were receiving Social Security Di		023, and December 31	l, 2024.
Filing Stat				
	Status from your 2024 NJ-1040:	Married/CU Partner, filin	a soparatoly:	
	Single		ins separate residence	9
B .	Head of Household	C F. Both maintai	in same residence	
C .	Qualifying Widow(er)/Surviving CU Partner			
	Married/CU Couple, filing joint return			
Age and D	visability Status (Fill in all ovals t	that apply)		_
2. Your Birth Yo	ear YYYYY	′our Spouse's/CU Partner's Birth Ye	ar <mark>Y Y Y</mark> Y]
	e December 31, 2023, were you actually receiving ial Security disability benefit payments?	Yourself Spouse/CU Partner	Yes Yes	No No
	e December 31, 2024, were you actually receiving ial Security disability benefit payments?	Yourself Spouse/CU Partner	Yes Yes	No No
Residency Information				
from Janua	n (or rent) and live in the same principal residence ary 1, 2024, through December 31, 2024? (See ins No," continue with line 5a.		O Yes	O No
4b. Indicate yo	ur residency status for all 2024 and continue with th	e appropriate schedule. Do not con	nplete lines 5a and 5b.	
	omeowner (complete Schedule I) Obile	home owner (complete Schedule II)	C Renter (comp	elete Signature section)
October 1,	rered "No" at line 4a, did you own (or rent) your mai 2024 ? If "Yes," complete line 5b. If "No," STOP. You its. Do not file this application.		O Yes	O No
5b. Indicate yo	ur residency status on October 1, 2024.			
🔵 Но	meowner (complete Schedule III) Combile ho	me owner (complete Signature section)	C Renter (comp	elete Signature section)



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Sc	hedule I – Homeowners (Mobile home owners and renters DO NOT o	complete this sche	dule.)	
6.	Are you filing this application for the same home as last year's ANCHOR benefit?	O Yes	O No	
7.	On December 31, 2024, did you own and live in the same New Jersey home that you owned and occupied on December 31, 2020, or earlier?	O Yes	O No	
8.	Did you move to your current home between January 1, 2021, and December 31, 2022?	O Yes	O No	
9.	If your home was a unit in a Co-op or a Continuing Care Retirement Facility, indicate the type,	and enter the name of th	ne building or facility.	
	Otherwise, leave blank:			
	Co-op or Continuing Care Retirement Facility	2023	2024	
10a	. Did you share ownership of the property that was your main home on December 31 with anyone other than your spouse/CU partner?	Yes No	Yes No	
10b	. If you answered "Yes," indicate the share (percentage) of the property you (and your spouse/ CU partner) owned	%	%	
11a	. Did your property consist of multiple units?	Yes No	◯ Yes ◯ No	
11b	. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home.	%	%	
Pro	operty Tax			
12a	. Enter the block and lot numbers of the address that was your main home for all of 2024. Block Lot	Qualifier		
12b	Are you claiming property taxes for additional lots? (see instructions)	O Yes	O No	
 Enter your 2023 property taxes billed for your main home (see instructions)				
14. Enter your 2024 property taxes billed for your main home (see instructions)				
15a. Did you have a Payment-in-Lieu-of-Taxes (P.I.L.O.T.) agreement with your municipality for 2024? OYes ONo				
15b. Enter your Payment-in-Lieu-of-Taxes (P.I.L.O.T.) due for 2024 (see instructions)				
Income				
16.	Enter your 2023 New Jersey income from Worksheet A (see instructions)	, , , , , , , , , , , , , , , , , , , ,		
17.	Enter your 2024 New Jersey income from Worksheet B (see instructions)			
Homeowners continue to Signature section.				
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?	O Yes	O No	
19.	Did you move to your current mobile home site between January 1, 2021, and December 31, 2022 ?	O Yes	O 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?	Yes No	Yes No	
20b	. If you answered "Yes," indicate your share (percentage) of the mobile home park site fees	%	%	

20b. If you answered "Yes," indicate your share (percentage) of the mobile home park site fees



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Site	e 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), , , , , , , , , , , , , , , , ,		
Inc	ome		
23.	Enter your 2023 New Jersey income from Worksheet C (see instructions), , , , , , .		
24.	Enter your 2024 New Jersey income from Worksheet D (see instructions)		
Мо	bile home owners continue to Signature section.		
Schedule III – Certain Homeowners Complete this section only if you answered "Yes" at line 5a.			
25.	Are you filing this application for the same home as last year's ANCHOR benefit? OYes ONo		
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? 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? 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.				
	If enclosing a copy of a death certificate for a de	ceased applicant, check the box. (See instructions)		
E	Under penalties of perjury, I declare that I have examine schedules and statements, and to the best of my knowl person other than applicant, this declaration is based of	Due Date: October 31, 2025 Mail your completed application to:		
IN HERE	Your Signature Date	Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	NJ Division of Taxation Revenue Processing Center Property Tax Relief Application PO Box 635	
SIGN	Your daytime phone number and/or email address (optional)		Trenton, NJ 08646-0635	
0,	Paid Preparer's Signature	Federal Identification Number		
	Firm's name	Firm's Federal Employer Identification Number		
Division Use 1 2 3 4 5 6 7 7				