Claim for Property Lax Exemption on Dwelling of Disabled veteran or Surviving Spouse/Civil Union or Domestic Partner of Disabled Veteran or Serviceperson

(N.J.S.A. 54:4-3.30 et seq.; N.J.A.C. 18:28-1.1 et seq.)

Important: File this completed claim with your municipal tax assessor. (See General Guidelines)

1.	
	Company and the Comment
	domestic partner) or
2.	eph.Locantora@
	iail gmail.con
	u Hoights
	ty
3.	of Disabled
	d States Armed
	sabled veteran with nership.
	wartime active duty in mership.
4,	
	 May 30, 2002 March 17, 2003 Ongoing Ongoing June 20, 1998 March 31, 1994 February 28, 1991 January 31, 1990 November 21, 1983 December 1, 1987 May 7, 1975 November 1, 1958 January 31, 1955 December 31, 1946
	NovemlJanuary

*Note - New Jersey amended wartime service criteria for the 100% Disabled Veteran's Property Tax Exemption effective January 16, 2018. Wartime service in a specified geographic location for a minimum number of days is no longer required. If the veteran was on active duty during any of the statutory service periods listed above, he or she meets the wartime service criterion for exemption. Other requirements, such as honorable discharge, property ownership, disability, etc., are unchanged. This amendment does not apply to the \$250 Veteran's Property Tax Deduction. (*Refer to the General Guidelines for additional information.)

This form is prescribed by the Director, Division of Taxation, as required by law, and may not be altered without the approval of the Director. Form: D.V.S.S.E. Rev: 9/2018

5. Disability (Check A or B)

	Dat	e V.	A. determined 100% permanently and totally disabled ///08/30/6			
	A.		Wartime service-connected disability from paraplegia, sarcoidosis, osteochondritis resulting in permanent loss of use of both legs, or permanent paralysis of both legs and lower parts of the body, or from hemiplegia and having permanent paralysis of one leg and one arm or either side of the body, resulting from injury to spinal cord, skeletal structure, or brain or from disease of spinal cord not resulting from any form of syphilis; or from total blindness; or from amputation of both arms or both legs, or both hands or both feet, or the combination of a hand and a foot; or			
	В.	政	Other wartime service-connected disability declared to be a total or 100% permanent disability, and not so evaluated solely because of hospitalization or surgery and recuperation, sustained through enemy action, or accident, or resulting from disease contracted while in such service.			
6,	Ow	ner	ship & Occupancy (Complete A and B)			
	A.	X	I (my spouse/civil union partner & I, as tenants by entirety), solely own or hold legal title to the above			
			dwelling house. Partial owners: I (as joint tenant/tenant in common) own/			
			Grantee (buyer) Jasoh Coantage per deed. Deed Date December 31, 2018.			
	B.	×	The dwelling house is One-Family and I occupy all of it as my principal residence. or			
		•				
			The dwelling house is Multi-Unit and I occupy% as my principal residence.			
7.	Cit	izen	& Resident (Complete A or B)			
	A. As of 07 1871988 (insert date - month/day/year), I, the above named veteran claimant was a citizen and legal or domiciliary resident of New Jersey; or					
	В.		As of (insert date - month/day/year), I, the above named surviving spouse/civil union or domestic partner claimant was a citizen and legal or domiciliary resident of New Jersey; and			
			My deceased veteran or serviceperson spouse/civil union or domestic partner was a citizen and resident of New Jersey at death.			
I co	ertify nade	the unde	above declarations are true to the best of my knowledge and belief. I understand they will be considered as er oath and subject to penalties for perjury if falsified.			
()	,	か	1 + 31 A 11 20 Kin			
dia	ima	nt Sie	Abcastra 31 Dec 25/8 mature Date			
T-			,			
)FFI(Asse		USE ONLY Block 102 Lot 2 Qualifier Approved Disallowed Date 2/19/19			

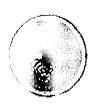
CAUTION: Feb. 19. 2019 9	:41AM Glouc Cty		f Assessment GUARD IT. .		" No. 388	4.TION P. 4.	/ 10 D AREA!
	CERTIFICATE OF	RELEASE OF	DISCHARGE FROM	ACTIVE DUT	Y		
NAME (Last, First, Middle). LOCANTORA: JOSEPH PATRICI	SELECTION OF STATE OF PA		ct to the Privacy Act of DNENT AND BRANCH	1974, As Amende	3. SUCIAL S	ECURITY NUMI	19 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4a. GRADE, RATE OR RANK. SSGT	B PAY GRADE	5. DATE OF BIF 19820727	тн (үүүүммоо)	6. RESERVE OF	LIGATION TER	VINATION DAT	E
74. PLACE OF ENTRY INTO ACTIVE FORT DIX NJ		b. HOME OF RE	CORD AT TIME OF ENTR IJ	RY (City and state, o	r ¢ompiele addre	ss if known)	
8& LAST DUTY ASSIGNMENT AND N 552 OPERATIONS GP (ACC)			b. STATION WHERE SE RANDOLPH AFB TX	PARATED			
9. COMMAND TO WHICH TRANSFE USAFR					10. SGLI C	OVERAGE r: \$400,000	NONE
11. PRIMARY SPECIALTY (List numb	er, title and years and months in		12. RECORD OF SERVICE	CE	YEAR(S)	MONTHS(S)	DAY(\$)
specially. List additional specialty numbers and littles involving periods of one or more years.)			8. DATE ENTERED AD	THIS PERIOD	2002	MAY	30 5 %
1N071, OPERATIONS INTEL CRA	AFTSMAN, 9 YEARS AND 8	MONTHS	b. SEPARATION DATE	THIS PERIOD	2012	MAR	Sec. 31.55
			c. NET ACTIVE SERVIC	E THIS PERIOD	409	10:5	7.01
ì			d. TOTAL PRIOR ACTIV		00	00	100 × ×
			e. TOTAL PRIOR INACT	TIVE SERVICE	1 00 × 1	02	(0)
			f. FOREIGN SERVICE		400	∵_`03\}	07
			g. SEA SERVICE	00	00000	- 00 -	
			h. INITIAL ENTRY TRAI	· · · · · · · · · · · · · · · · · · ·	2002	MAY	30 🖓
13. DECORATIONS, MEDALS, BADG	CO ATATIONO AND PARAMAN	ON CAL	14. MILITARY EDUCATION		્રા 0 1/ક્ષુપ્		
Service Medal, Air Force Expeditio	mary service Ribboti. #See (remarkan	SPIRAL 8 MTT, NOV 2 (18E) OPERATIONS IN MILITARY TRAINING.	ITELLIGÉNCE AI	S AND ASSOC PPRENTICE, D	A160 10PS, EC 2002; BAS	JUL 2003; SIC
16a. COMMISSIONED THROUGH SEF	RVICE ACADEMY			**************************************		YES	X NO
b. COMMISSIONED THROUGH ROT	IC SCHOLARSHIP(10 USC Sec	. 2107b)	A.A. A. A. A.A. A.A. A.A. A.A. A.A. A.			YES	X NO
c. ENLISTED UNDER LOAN REPAY	MENT PROGRAM (10 USC Chi	sp. 109) (if yes, ye	ars of commitment:	1		YES	X NO
18. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVID	ED COMPLETE		ND ALL APPROPE	RIATE		YES NO
	DENIAL SERVICES AN	IN INCAMENTA	VITHIN SU DATS PRIOR 1	O SEPARATION			X
15. REMARKS ITEM 13: AF Longevity Service with TAP Eligible. Member authorized a The information contained herein le subject determine eligiblish for, shd/cc continues e	iepāratīdo, pāy: Final entitiem	ient amount to h NOTHIN	e determined by DFAS: 3 FOLLOWS	upon Inal pay re	solution		
determine eighblis for share communate 134-MAILING/ADDRESS AFTER SEP 325-BOLTON-PLACE MIDWEST CITY OK 73118		of ≱ Petietal beneff()	IS: NEÁREST RELATIVE NO NAME PROVIDED 6: BUDD BOULEVARD	(Name and address			
	an canada katan baran		WOODBURY NJ 08090	3 (2.5.)			
20. MEMBER REQUESTS COPY 6 BE			FICE OF VETERANS AFF ARTMENT OF VETERANS			X YES	NO
(WASHINGTON, DC)	b. DATE	22.a. OFFICIAL	AUTHORIZED TO SIGN //7	voed name larade.	(iile, signature)		X NO
						YMMOD) 20408	

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE

MEMBER-1

		CERTIFICATE OF This Report Contains	RELEASE OR Information Subject	DISCHARGE FROM to the Privacy Act of 19	974, As Amended.				
NAME (Last, First, Middle) 2. DEPARTMENT, COMPONENT AND BRANCH 8. SOCIAL SECURITY NUMBER OCANTORAL JOSEPH PATRICK 143 74 0								0450	
44 GRADE RATE OR RANK B. PAY GRADE 6. DATE OF BIG SSGT E5 19820727				тн (үүүүммоо)	6. RESERVE OBLIC (YYYYMMDD) N/		INATION DAT	E	
74. PLACE OF ENTRY INTO ACTIVE DUTY FORT DIX NJ b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete to the comple						mplele address	s if known)		
82. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 652 OPERATIONS GP (ACC) b. STATION WHERE SEPARATED RANDOLPH AFB TX									
D. COMMAND TO WE	CH TRANSFERRE	ō				10. SGLI CO	VERAGE : \$400,000	^*	NONE
specialty. List added	nal specialty num	ille and years and months i bers and tilles involving	12. RECORD OF SERVIC #. DATE ENTERED AD T	2002	MONTHS(S)	\$ 3. K	Y(9) 30		
1N071, OPERATION	IS INTEL CRAFT	SMAN, 9 YEARS AND	8 MONTHS	b. SEPARATION DATE T	•	2012	MAR /		91.265g 91.26
	•			d. TOTAL PRIOR ACTIVI		00	00	* 1	00.
		•		e. TOTAL PRIOR INACT		00	02:2		01 5
				f. FOREIGN SERVICE		00	03/4		07 🔆
<u> </u>		•		g. SEA SERVICE		00	·		00
				h. INITIAL ENTRY TRAIN	ING	- 2002 kg	MAY	<u> </u>	30
				I, EFFECTIVE DATE OF		× 2007-37	FEB		01,4 <u>%,4</u> .
RIBBONS AWAR OD OR AUTHORIZED (All periods of service) Joint Service Achievement Medal, Air Force Achievement Medal, AF Outstanding Unit Award with 2 oak leaf clusters, AF Good Conduct Medal with 1 oak leaf cluster, National Defense Service Medal, Global War on Terrorism Service Medal, Air Force Expeditionary Service Ribbon. I/See Remarks// (ISE) OPERATIONS INTELLIGENCE APPRENTICE, DEC 2 MILITARY TRAINING, JUL 2002.						DNAL WEAF LEVEL INTE IATED TOPS	ONER L (PC- L JUL :	ING 13)	
15a. COMMISSION	HROUGH SERV	CE ACADEMY		1	· · · · · · · · · · · · · · · · · · ·		YES	X	NO
b. COMMISSION		SCHOLARSHIP(10 USC S	ec. 2107b)		•••		YES	X	NO
		ENT PROGRAM (10 USC C		and of commitment:)		YES	X	NO
16. DAYS ACCRUS		AT MEMBER WAR BON	ADED COMPLETE	DENTAL EXAMINATION A	ND ALL APPROPRIA	ATE	<u>' ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	YES.	NO
PAID 0		DENTAL SERVICES	AND TREATMENT	WITHIN 90 DAYS PRIOR T	O SEFARATION	van er i de setalbiskin	erite o cultiva e tien	X	1
IB. REMARKS ITEMISS: AF Long TAP. Eligible The information determine eligible 19a. MAJEIN 326. BOLTON MIDWEST 20. MEMP 20. MEMP 21.a. MS	whorized 68	o computer matching vivin the property of the	ament amount to a NOTHIN The Department of Deficition of the Properties of the Prop	LI NEARESTRELATIVE IND NAME PROVIDED IS BUDD BOULEVARD WOODBURY, NJ 0806 PEICE OF VETERANS AFT PARTMENT OF VETERAN AUTHORIZED TO SIGN (Foderation non-Federal (Name and address)	agendy for visit Include ZIP C	ingson europe ode) X YES	× and to	ZO ZO
MEMBER 1	\8LET O \ \$ 0		CAC Serial Nun	r USAF, Separation (Docum nben 28198B), IssuerCN: I TION (Forgas) by authoræs	ODD CA-24	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		18 V 2012	
23, TYPE SE RELEAS TO 25, SEPA ADE AEI 36 S 28, MARI COMPLET	ON IVE DUTY ONITY ON FOR SEPA			22. GHARACTER OF HONORABLE 28. SEPARATION CO LBK	SERVICE (Include up	grades) 27, REENTF 2X			
29 DAT 8		HIS PERIOD (YVYYMMOD	,			30, MEMBE (Initials)	R REQUESTI N/A		
DD FOLM ()	2009	F	REVIOUS EDITION	ON IS OBSOLETE				ME	MBEF



DEPARTMENT OF VETERANS AFFAIRS 810 Vermont Ave NW Washington, D.C. 20420

December 01, 2018

onh Entrick Locantora anten Crove Rd Dor 10rd, NJ 08066

In Reply Refer to: xxx-xx-0456 27/eBenefits

Char Mr. Locantora:

The letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax civil like preference, to obtain housing entitlements, free or reduced state park annual memberships, or the program or entitlement in which verification of VA benefits is required. Please safeguard this important amer. This letter is considered an official record of your VA entitlement.

a records contain the following information:

and Claim Information

VA □ □ number is: xxx-xx-0456

are t ≪ ∀eteran.

Filliary Information

The most recent, verified periods of service (up to three) include:

sheli Carvice

Character of Service

Entered Active Duty

Released/Discharged

Honorable

May 30, 2002

March 31, 2012

in yield additional periods of service not listed above.)

Constitution ation

The have one or more service-connected disabilities:

Yes

Your combined service-connected evaluation is:

100%

You is errent monthly award amount is:

The affective date of the last change to your current award was:

December 01, 2018

for the balog paid at the 100 percent rate because you are unemployable due to out a mice-connected disabilities:

Yes

rou are considered to be totally and permanently disabled due solely to your er commected disabilities:

Yes

.

The stative date of when you became totally and permanently disabled due to Your harvios-connected disabilities:

November 08, 2016

You hou'd contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related to for the hopou may be eligible. State offices of Veterans' affairs are available at

www.rya.jaw/statedva.htm.

Hot You find Contact Us

- 15 you need general information about benefits and eligibility, please visit us at https://www.ebenefits.va.gov or

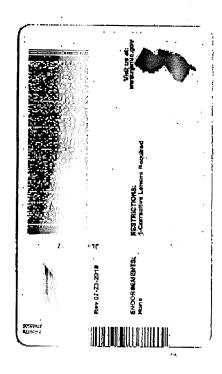
1 - <u>4//www.</u>va.gov.

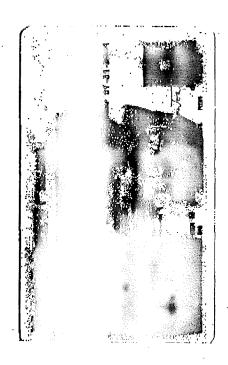
- tight us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800tight 1-833.
- and skill question on the Internet at https://iris.custhelo.va.gov.

Since ody,

Mich III. Frueh
Ever ve Director

шен — ssistance Service







New Jersey Motor Vehicle Commission

CHANGE OF ADDRESS ACKNOWLEDGEMENT

An array change has been made for the person listed below. Kindly keep this proof of compliance with N.J.S.A 39:3-36, Notice of Change of

Add

JOS IP. LOCANTORA

520 Ing Ave.

Woo y Heinh, NJ, 08097

Confirmation Number: WC201904900001335

DL Number: L60354107707824 Date of Change: 02/18/2019



Save Lives. Get Organ Donor Information.
Customers interested in registering as an organ donor should please visit njmvc.gov to register.
For more information about organ and tissue donation, please visit: donatelifenj.org.



11. De a 1

VF.

Don!

]ustc

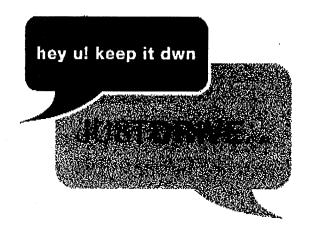
Are You Registered to Vote?

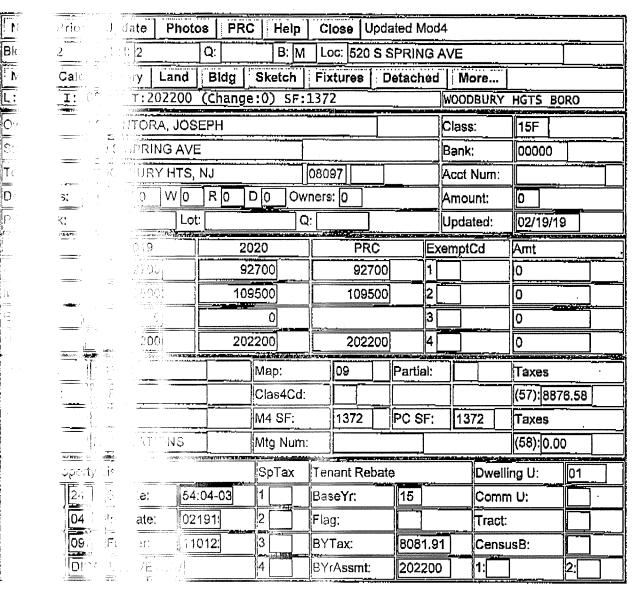
Don t forget to register to votel Visit

www.Elections.NJ.gov or call 1-877-NJVOTER.

Text talking, using a map ally a mining other - bas than vinc er dangerous bec S 8 . akes your atter $\mathsf{B}\mathsf{W}^{1}$ the road. Stud thinks: : 15% of all accid in in the drivers who use eli plano. These acc: asult in ats deleter to lates and serio 📆 down and deal 11 (1) 3 **U** j . Visit

m more.





© 2008 MicroSystems-nj.com, L.L.C.

HP La erJet Professional M1212nf MFP

Fax (nfirmation

Jo. Date Time

Type

Identification

Duration

Pages

Result

12

02/19/2019 10:33:47PM Receive

856 307 6444

5:51

10

OK

Fet. 19. 2019 9:40AM Gloud Cty Office of Assessment

No. 3884 P. 1/10



FREEHOLDER DIRECTOR
Robert M Damininger

NOTES/COMMENTS:

FACSIMILE TRANSMITTAL SHEET ixwid:01 FROM: Jamel COMPANY: WOODDWRY LIFS DATE: 2 19 19 FAX NUMBER: 848.5241 TOTAL NO. OF PAGES INCLUDING COVER: PHONE NUMBER: RE: TOU- LOCCY HORA TO FOR YOUR INFORMATION TO URGENT- CALL TO DISCUSS TO HARD COPY TO FOLLOW TO PER YOUR REQUEST

CONFIDERCHALITY NOTE: WARNING - Unauthorized interception of this telephone communication is a violation of federal and state law. The documents accompanying this telecopy transmission contain confidential information which is legally privileged; the information is intended only for the use of the referenced recipient. You are hereby notified that any disclosure, copying, striffcetion or taking of any action in relations on the contents of this information is striftly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return or destruction of the documents. Thank you!



GLOUCESTER COUNTY OFFICE OF ASSESSMENT

FREEHOLDER DIRECTOR
Robert M Damminger

Phone: (856) 307-6445 Fax: (856) 307-6447 COUNTY ASSESSOR Craig Black

FACSIMILE TRAN	ISMITTAL SHEET
ixxio :ot	FROM: Jamel
COMPANY: WOODDURY UTS	DATE: 2/19/19
FAX NUMBER: 848.5241	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	
RE: TOU- LOCONHORA	
□ FOR YOUR INFORMATION □ URGENT- CALL TO DISCUSS	□ HARD COPY TO FOLLOW □ PER YOUR REQUEST
NOTES/COMMENTS:	

CONFIDENTIALITY NOTE: WARNING —Unauthorized interception of this telephone communication is a violation of federal and state law. The documents accompanying this telecopy transmission contain confidential information which is legally privileged; the information is intended only for the use of the referenced recipient. You are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return or destruction of the documents. Thank you!