2024 Form PAS-1

Application for Property Tax ReliefFor Seniors and Social Security Disability Recipients

- Application for the Property Tax Reimbursement (Senior Freeze), ANCHOR, and Stay NJ programs
- File your application by October 31, 2025
- This form replaces the PTR-1, PTR-2, ANCHOR-H, and ANCHOR-T for seniors and Social Security Disability recipients
- You can file online at propertytaxrelief.nj.gov
- For more information call —
 1 (888) 238-1233

IMPORTANT

Benefits for all of the programs included in this Property Tax Relief application are subject to State Budget appropriation.

NEW JERSEY PAS-1 WORKSHEET

Income Limits

PTR

Worksheet B

Worksheet A

\$163,050

12/31/2024	12/31/2023
7.	
	\$
	1
9	
	12/31/2024

\$168,268

Anchor program

Anchor Homeowner Eligibility Requirements:

- You owned and occupied a home in New Jersey that was your principal residence (main home) on October 1, 2024
- Your home was subject to property taxes
- •Your 2024 New Jersey gross income was not more than \$250,000.

Anchor Renter Eligibility Requirements:

- You rented and occupied a residence in New Jersey that was your principal residence (main home) on October 1, 2024
- Your name was on the lease or rental agreement
- You paid rent
- •The rental property was subject to local property taxes (see Qualified and Non-Qualified Rental Properties)
- •Your 2024 New Jersey gross income was not more than \$150,000.

Stay NJ Program

- Provides a property tax credit of up to half of an eligible claimant's property tax amount
- Maximum credit: \$6,500
- Eligibility requirements:
- Age 65 and older
- New Jersey resident
- New Jersey homeowner on or after July 1, 2024
- Gross income for the prior year of less than \$500,000
- Claimant will be entitled to the greater of:
- Stay NJ payment OR
- Combined amount of ANCHOR and PTR



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 you maintain

Your	Social	Security	Numbe	r		7
Spouse's/CU Partner's Social Security Number						
County/Municipality Code (See Table pages 13)						

10100111010 0114 00011				
Last Name, First Name and Initia each – Enter spouse/CU partner last		e and middle initial of		
Home Address (Number and Street, including apartment number or rural route)				
City Town Post Office	State	ZIP Code		

partners, unless separate main homes. Enter the address of your main home on October 1, 2024, if different from the address above. County/Municipality Code: Street Address: 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 Your Filing Status from your 2024 NJ-1040: Married/CU Partner, filing separately: Single Each maintains separate residence B. Head of Household Both maintain same residence Qualifying Widow(er)/Surviving CU Partner D. Married/CU Couple, filing joint return Age and Disability Status (Fill in all ovals that apply) Your Spouse's/CU Partner's Birth Year 2. Your Birth Year Yes Νo Yourself On or before December 31, 2023, were you actually receiving No Spouse/CU Partner Yes federal Social Security disability benefit payments? No 3b. On or before December 31, 2024, were you actually receiving Yes Yourself Spouse/CU Partner No Yes federal Social Security disability benefit payments? 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 Nο line 4b. If "No," continue with line 5a. 4b. Indicate your residency status for all 2024. Renter (complete Signature section) Mobile home owner (complete Schedule II) Homeowner (complete Schedule I) 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. 5b. Indicate your residency status on October 1, 2024. Renter (complete Signature section) Mobile home owner (complete Signature section) Homeowner (complete Schedule III)



Name(s) as shown on Property Tax Relief Application Your Social Security Number

PAS-1 (2024) Page 2

	-1 (2024) Fage 2				
Schedule I – Homeowners (Mobile home owners and renters DO NOT complete this schedule.)					
6.	Are you filing this application for the same home as last year's ANCHOR benefit?	Yes 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?	Yes No			
8.	Did you move to your current home between January 1, 2022, and December 31, 2023?	Yes 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 the building or facility.			
	Otherwise, leave blank:				
	Co-op or Continuing Care Retirement Facility	2023 2024			
	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	perty 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)	Yes No			
13.	Enter your 2023 property taxes billed for your main home (see instructions)(Prior Senior Freeze recipients. This line is preprinted with your base year property taxes.)				
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	? Yes No			
15b.	Enter your Payment-in-Lieu-of-Taxes (P.I.L.O.T.) due for 2024 (see instructions)				
Inco	ome				
16.	Enter your 2023 New Jersey income from Worksheet A (see instructions)				
17.	Enter your 2024 New Jersey income from Worksheet B (see instructions)				
	neowners continue to Signature section.				
Schedule II - Mobile Home Owners (Homeowners and renters DO NOT complete this schedule.)					
	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?	Yes No			
19.	Did you move to your current mobile home site between January 1, 2022, and December 31, 2023 ?	Yes 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	%			

Name(s) as shown on Property Tax Relief Application

Your Social Security Number

PAS	S-1 (2024) Page 3	
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)	
	ome Enter your 2023 New Jersey income from Worksheet C (see instructions)	
20.	Effect your 2020 from delect mount of the first service (extraction)	
	Enter your 2024 New Jersey income from Worksheet D (see instructions)	
	bile home owners continue to Signature section.	
	hedule III – Certain Homeowners mplete 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?	No 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	No
	anyone other than your spouse/CU partner?	s No
	. If you answered "Yes," indicate the share (percentage) of the property you (and your spouse/CU partner) owned	%
	. Did your property consist of multiple units?	s 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.	alifier
	Block Lot Qu	umoi
Si	gnature	
-	All of the programs included in this Property Tax Relief application are subject to appropriation	on in the State budget.
	If enclosing a copy of a death certificate for a deceased applicant, check the box. (See instructions)	
	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.	
	person other than applicant, this declaration is based on all information of which the prepareties and any management	Due Date: October 31, 2025 Mail your completed application
묎	Your Signature Date Spouse's/CU Partner's Signature (if filling jointly, BOTH must sign)	to: NJ Division of Taxation
뽀	Tour Signature Successive Contract Cont	Revenue Processing Center Property Tax Relief Application
SIGN HER	Your daytime phone number and/or email address (optional)	PO Box 635 Trenton, NJ 08646-0635
ଅ	Paid Preparer's Signature Federal Identification Number	THEIROIT, THE COOP COOP
	Firm's name Firm's Federal Employer Identification Number	
Div	ision Use 1 2 3 4 5 6	7