

**SUPPLEMENTAL INCOME STATEMENT FOR USE BY THE ASSESSOR OR
TAX COLLECTOR IN DETERMINING ELIGIBILITY FOR TAX DEDUCTION**

- () SENIOR CITIZEN
() DISABLED PERSON
() SURVIVING SPOUSE

RETURN COMPLETED APPLICATION AND SUPPLEMENTAL INCOME FORM
TO THE OFFICE OF THE ASSESSOR OR TAX COLLECTOR AT:
TOWNSHIP OF MANALAPAN
120 ROUTE 522
MANALAPAN, NJ 07726

_____ NAME OF APPLICANT	_____ NAME OF SPOUSE
_____ APPLICANT'S DATE OF BIRTH	_____ SPOUSE'S DATE OF BIRTH
_____ ADDRESS OF APPLICANT	_____ PREVIOUS ADDRESS

The undersigned submits the following statement of annual income to aid in the
determination of eligibility for a tax deduction with respect to the premises located at:

BLOCK _____ LOT _____ QUALIFICATION _____
ADDRESS _____

INCOME FOR THE CALENDAR YEAR 20__

	<u>APPLICANT</u>	<u>SPOUSE</u>
Pension or Retirement (private) _____	_____	
Salaries and Wages _____	_____	
Interest and Dividends _____	_____	
Net Rents and Royalties _____	_____	
Capitol Gains _____	_____	
Other Income _____	_____	
Social Security _____	_____	
State or Federal Pension or Disability Benefits	_____	_____
Railroad Retirement Pension _____	_____	
ANNUAL GROSS INCOME	_____	_____

SENIOR CITIZENS AND SURVIVING SPOUSES ARE REQUIRED BY LAW TO PROVIDE
PROOF OF AGE. A COPY OF YOUR BIRTH CERTIFICATE, DRIVER'S LICENSE,
BAPTISMAL CERTIFICATE OR OTHER SUITABLE PROOF SHOULD BE ATTACHED .

_____ If you are also a qualified
Veteran please check here

_____ SIGNATURE