



COUNTY OF BERGEN
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF SENIOR SERVICES/ADRC
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Quick Guide to State, Federal and County Programs for Older Adults
Updated July 2019

PHARMACEUTICAL ASSISTANCE TO THE AGED AND DISABLED (PAAD)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Co-pay is \$5.00 for generic drug & \$7.00 for brand name drug. Must also enroll in a Medicare Part D plan unless otherwise specified. The plan should have a monthly premium not above the regional benchmark and then PAAD pays Medicare Part D costs.	Must be NJ resident for at least 30 days. Must be 65 or older OR receiving Social Security Disability. *Gross annual income limit is less than: Single: \$27,951 (\$2,329 mo.*) Married: \$34,268 (\$2,855mo.*)	For further details and an application contact Division of Senior Services at 201-336-7400, local pharmacy, PAAD/Senior Gold 1-800-792-9745 Or www.aging.nj.gov for NJ Save online application	PAAD/Senior Gold PO Box 715 Trenton, NJ 08646-07157 www.njpaad.gov PAAD does not pay for diabetic testing supplies

SENIOR GOLD PRESCRIPTION DISCOUNT PROGRAM

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Co-pay is \$15 plus 50% of the remaining cost of the prescription or actual drug cost, whichever is less. Must enroll in a Medicare Part D plan unless otherwise specified AND also pay for Medicare Part D monthly premium.	Must be a NJ resident for at least 30 days, 65 years or older or receiving Social Security Disability. *Gross annual income between: Single:\$27,951 and \$37,951 (\$2,329 - \$3,162 mo.*) Married: \$34,268 and \$44,268 (\$2,855 - \$3,689 mo.*)	For further details and an application contact Division of Senior Services at 201-336-7400, local pharmacy or PAAD/Senior Gold 1-800-792-9745	Co-pay is \$15 after annual out-of-pocket expenses reaches catastrophic cap: S: \$2,000 ; C:\$3,000 www.njsrgold.gov Does not pay for diabetic testing supplies

MEDICARE PRESCRIPTION DRUG BENEFIT

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
<p>Medicare Part D is an optional program which adds prescription drug coverage to original Medicare.</p> <p>Involves monthly premiums, Co-pay and may include annual deductible.</p> <p>Plans run on a calendar year and cover about 75% of drug costs until cap level is reached. Any further drug costs for the remainder of the year will be out-of-pocket unless one reaches a catastrophic level then there will be either a flat or 5% co-pay</p>	<p>Must be enrolled in Medicare, either Part A or Part B. There is a penalty for late enrollment for those who choose not to join Medicare Part D when first eligible. Those who have been determined to have creditable coverage may not need to enroll.</p> <p>PAAD participants and dual eligible (Medicare/Medicaid) must enroll in a Medicare Part D benchmark plan. For PAAD participants, Rx deductibles, cap limit, gap coverage and premium do not apply. Dual eligible have premium free but mandatory low rate co-pay</p>	<p>Annual open enrollment period begins October 15th to December 7th</p> <p>For more information and to research plans call: SHIP (State Health Insurance Program) 201-336-7413 or contact Medicare 1-800-MEDICARE</p>	<p>Check creditable coverage statements before enrolling in any Medicare Part D plan.</p> <p>Those with Medicare Part C must choose the drug component of that Advantage Plan. For plans w/out Rx coverage do not enroll in a Medicare Part D “stand alone” plan.</p> <p>The Medicare Part D benchmark premium for NJ in 2019 is \$37.16</p> <p>www.medicare.gov</p>

MEDICARE COSTS

<p>Medicare Part A: Hospital insurance helps pay for inpatient hospital care and certain follow-up services</p> <p>Medicare Part B: Medical insurance helps pay for physician services, outpatient hospital care and other medical services</p> <p>Medicare Part C: Medicare Advantage Plans All Medicare covered health care services through a provider network plan.</p>	<p>Medicare is health insurance for people age 65 or older and eligible for Social Security benefits based on their own or their spouse’s employment. Medicare is also for those with disabilities and permanent kidney damage.</p> <p>Medicare covers about 80% of your allowable medical expenses after deductible is met.</p> <p>www.medicare.gov</p> <p>Medicare Rights Center for appeals: 1-888-466-9050</p>	<p>Part A Hospital Deductibles and Co-Payment per benefit period: 1-60 days \$1,364 deductible 61-90 days \$341 per day 91-150 is \$682 per day (lifetime reserve days)</p> <p>Part A Co-Payments in Skilled Nursing Facility: Days 1-20: \$0 after 3-day qualifying hospital stay Days 21- 100: \$170.50/day</p> <p>Part A monthly premium: 40 or more quarters: \$0 30-39 quarters: \$240/month < 30 quarters: \$437/month</p>	<p>Part B Medical Insurance: Standard monthly premium \$135.50 or less if protected by “hold harmless” provision.</p> <p>Part B premiums may be higher based on income related monthly adjusted amount (IRMAA).</p> <p>Part B annual deductible: \$185/yr.</p>
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HEARING AID ASSISTANCE TO THE AGED AND DISABLED (HAAAD)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Gives \$100.00 toward the purchase of a hearing aid.	Income eligibility requirements are the same as for the PAAD program. Income limits are less than: Single: \$27,951 (\$2,329 mo.) Couple: \$34,268 (\$2,855 mo.)	1-800-792-9745 Or 201-336-7400	Must be currently enrolled in the PAAD program. Then complete a HAAAD application with a hearing aid receipt and a written statement attested by a physician.

NJ SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM: FOOD STAMPS

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Benefit used to purchase food at authorized retail stores. Families First Electronic Benefits Transfer card (EBT card) are issued to recipients which works similar to a debit card.	<p>185% of Federal Poverty Level from October 2018 - September 2019</p> <p>Household size: (1) \$1,872/month (2) \$2,538/month.</p> <p>Resources may count to determine eligibility in certain cases. Countable resource limits for 60 years of age and older is \$3,500.</p> <p>You can own a home and qualify. Retirement and pension funds are not counted depending on withdrawal activity.</p>	<p>Apply in person: Board of Social Services 218 Route 17 N. Rochelle Park, New Jersey 07662 Tel: 201-368-4200 Hours: M-Fri. 8am to 4:30 (Tues. until 8:00 pm)</p> <p>Apply online: www.njhelps.org www.bcbss.com https://oneapp.dhs.state.nj.us</p> <p>OR</p> <p>Visit community outreach locations listed www.bcbss.com</p>	<p>Note Well: Income limits vary. Elderly or disabled member may be eligible for Food Stamps even if the gross monthly income exceeds the income eligibility because medical and shelter deductibles are applied.</p> <p>NJ SNAP Hotline: 1-800-687-9512</p> <p>Once an application is submitted then an eligibility interview is typically completed over the phone or in-person.</p>

MEDICARE SAVING PROGRAMS (QMB-Only,SLMB,SLMB-QI-1)

QUALIFIED MEDICARE BENEFICIARY (QMB-ONLY)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Assist with the costs for Medicare Part A, B & C premiums (benchmark \$37.16), deductibles and co-pay.	<p>Aged, Blind and Disabled, Medicare (A & B) beneficiaries.</p> <p>Max. Annual Gross Income: <u>Single:</u> \$12,490 yr. (\$1,041/mo.) <u>Couple:</u> \$16,910 yr. (\$1,409/mo.)</p> <p><u>Resources:</u> S: \$7,730 C: \$11,600</p>	State of New Jersey Division of Aging Services 1-800-792-9745	<p>100% FPL (Federal Poverty Level) + income disregard.</p> <p>*<u>Income disregard:</u> Add \$20 to the monthly amount. If receiving income from employment, \$65/month plus one-half of remainder of gross salary is not counted).</p>

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) & (SLMB QI-1)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
<p><u>SLMB</u> Pays for Medicare Part B & C premiums (benchmark \$37.16).</p>	<p><u>Single:</u> Income between \$12,490 yr. (\$1,041/mo.) and \$14,988 yr. (\$1,249/mo.)</p> <p><u>Couple:</u> Income between \$16,910 yr. (\$1,409/mo.) and \$20,292 yr. (\$1,691/mo.)</p> <p><u>Resources:</u> S: \$7,730 C: \$11,600</p>	State of New Jersey Division of Aging Services 1-800-792-9745	<p>SLMB income is between 100% to 120% FPL + income disregard.</p> <p>See explanation for income disregard above (QMB- Only)</p>
<p><u>SLMB-QI-1</u> Pays for Medicare Part B & C premiums (benchmark \$37.16).</p>	<p><u>Single:</u> Income between \$14,988 yr. (\$1,249/mo.) and \$16,862 yr. (\$1,406/mo.)</p> <p><u>Couple:</u> Income between \$20,292 yr. (\$1,691/mo.) and \$22,829 yr. (\$1,903/mo.)</p> <p><u>Resources:</u> S: \$7,730 C: \$11,600</p>	State of New Jersey Division of Aging Services 1-800-792-9745	<p>SLMB-QI-1 income is between 120% to 135% FPL + income disregard.</p> <p>See explanation for income disregard above (QMB-Only)</p>

SOCIAL SECURITY

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Source of income after retirement, determined disabled or eligible for survivor benefits.	<p>Most people need 40 credits (10 years of work) to qualify for benefits. Younger people need fewer credits to be eligible for disability benefits or for survivor's benefits when the worker dies. Receive full benefit amount when choosing to retire when one reaches full retirement age. Reduced benefits if one retires before full retirement age. Full retirement age for those born between 1943-1954 is 66; 1960 and later is 67.</p> <p>*Social Security and Supplemental Security Income (SSI) beneficiaries receive a 2.8 percent Cost-of-Living Adjustment (COLA) for 2019</p>	<p>Contact Social Security from 7 a.m. to 7p.m. Mon.-Fri. 1-800-772-1213, TTY 1-800-325-0778</p> <p>Social Security Continental Plaza, 401 Hackensack Ave, Second Floor Hackensack, NJ 07601</p> <p>Office Hours; M, Tue; Thurs; Fri : 9-4pm Wed. 9-12pm</p>	<p>Set up a <i>my social security</i> account online www.ssa.gov and get access to the following:</p> <ul style="list-style-type: none"> • Get a benefit verification letter • Request replacement Social Security and Medicare card • Change of address and phone number <p>And more....</p>

SUPPLEMENTAL SECURITY INCOME (SSI)

WHAT IT DOES	PAYMENT	HOW TO APPLY	COMMENTS
Provides payments to persons who are 65 or older, blind or disabled and have limited income and resources. Must meet requirements under Citizen/Non-Citizen Status.	<p>Combined federal and state maximum payment for individual/couple living alone or with others in own household:</p> <p><u>Individual</u>: \$802/month <u>Couple</u>: \$1,182/month</p> <p>Resources you own must be less than: <u>Single</u>: \$2,000 <u>Couple</u>: \$3,000</p>	<p>Social Security Administration at 1-800-772-1213</p> <p>www.ssa.gov</p>	<p>Value of home and car is not counted. SSI also does not count the value of certain resources such as a burial plot.</p> <p>Payments are determined by your living situation and if you are receiving other maintenance and support.</p>

Low-Income Home Energy Assistance Program (2018-2019)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
<p><u>Universal Service Fund (USF)</u> Receive credit on utility bill for gas & electric.</p>	<p><u>Universal Service Fund (USF):</u> *Gross income limits for a household (1) \$21,252/yr. (\$1,771/mo.) (2) \$28,812/yr. (\$2,401/mo.)</p> <p>Income must be below 175% FPL & pay more than 3% of annual income for electric & natural gas. Household with electric heat must spend more than 6% of annual income on electricity</p>	<p><u>Greater Bergen Community Action, Inc.</u> 316 State St. Hackensack, NJ 07601 201-488-5100 ext. 7008 Fax: 201-342-7452</p> <p><u>Intake hours:</u> M/W/TH 8:30 am-3pm. End of November has extended hours on Thursday's 8:30 am-7:00 pm Closed Tuesday and Friday</p>	<p><u>PSE&G</u> 214 Hudson Street Hackensack 1-800-357-2262</p> <p><u>NJ Board of Public Utilities</u> 1-800-624-0241 www.bpu.state.nj.us</p>
<p><u>Heating:</u> Must be responsible for directly paying your own heat. This also applies to heat included in rent</p> <p><u>Cooling</u> Benefit is \$200 and applicant must have a medical condition that requires the use of any cooling device.</p> <p><u>Winter Termination:</u> Provides protection from having your gas and/or electric shut-off from Nov. 15th - March 15th (Program may continue past March 15 if cold weather persists) Winter Termination Program applies to those households who receive NJ Lifeline credit, PAAD, LIHEAP, SSI, NJ SHARES, U.S.F., GA, TANF or unable to pay because of circumstances beyond your control.</p> <p><u>Weatherization:</u> The weatherization program lowers heating cost through home improvement for heat loss due to poor insulation or inefficient heating system. Repairs such as faulty windows and doors, install high efficiency insulation, repair or replace boilers, furnaces, water heaters, air filters, etc.</p>	<p><u>Heating, Cooling, Winter Termination, Weatherization:</u> *Gross income limits for a household size: (1) \$24,288 yr. (\$2,024/mo.) (2) \$32,928 yr. (\$2,744/mo.)</p> <p>Entire household is counted for all programs. Income must be below 200% of FPL.</p>	<p>Homebound and disabled may request an outreach specialist to visit for assistance with application</p> <p><u>Weatherization office:</u> 99 Passaic St. Garfield, NJ 07026 For information call: 973-546-1441</p>	<p>www.greaterbergen.org</p>

LIFELINE CREDIT PROGRAM

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
\$225 annual credit for electric and gas.	Must be a PAAD recipient or meet PAAD eligibility requirements OR be a recipient of New Jersey Family Care. *Gross annual income limit is less than: Single: \$27,951 (\$2,329 mo.*) Married: \$34,268 (\$2,855mo.*)	Call PAAD/Lifeline 1-800-792-9745 Or Division of Senior Services/ADRC 201- 336-7400	Eligible tenants receive a \$225 annual check if utilities are included in their rent (<i>Tenants Lifeline Assistance Program</i>). SSI recipients receive a supplement of up to \$18.75/month (<i>Special Utility Supplement</i>) that is automatically included in their SSI checks.

COMFORT PARTNERS

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Assists to lower natural gas & electric bills through energy education and installation of energy saving home improvements	225% FPL income limits for a household size: (1) \$28,103/yr. (\$2,342/mo.) (2) \$38,048/yr. (\$3,171/mo.) Households that receive USF, SSI, HEAP, Lifeline, and PAAD are also eligible.	Call 1-888-773-8326 www.njcleanenergy.com	Program representatives will work with each household to evaluate current level of energy efficiency.

VERIZON NJ COMMUNICATIONS LIFELINE

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Discount on Lifeline home phone service plans OR broadband (internet) service.	Receive benefits from one of these programs: Medicaid, SNAP (Food Stamps), SSI, Sec 8, Veterans Pension, Veterans Survivors benefit. OR Eligibility based on household income below 135% FPL: 1-\$16,862/yr. (\$1,405/mo.) 2- \$22,829/yr. (\$1,902/mo.)	NJ SHARES 1-888-337-3339 www.njshares.org Mail/Fax or email (USAC) application with required documents to: New Jersey SHARES 1901 North Olden Avenue Ext Suite 40 Floor 2 Ewing, NJ 08618 Fax: 609-883-0133 telco@njshares.org	Documents for Medicaid, SNAP and SSI are <u>NOT</u> required to be sent with application. Universal Service Administration Company (USAC) administers Lifeline for the FCC www.lifelinesupport.org Lifeline Support Center 1-800-234-9473

NJ SHARES

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Assists individuals and families who need help paying energy bills due to a temporary financial crisis or behind on their energy bill. Grant amounts can be up to \$700 for gas and electric.	Not eligible for LIHEAP, USF,TRUE or PAGE programs. Eligibility for seniors 65 and older and applicants receiving SSD with one or two household members are as follows: Maximum household income: \$70,000/yr. \$5,833/month.	Can demonstrate a temporary financial need. Assistance for those who made a “good faith” payment of \$100 or more within 90 days prior to applying. Call NJ SHARES 866-657-4273 to locate nearest agency www.njshares.org	Application for NJ SHARES available all year. Water bill assistance also available: <u>Suez Water Cares:</u> 888-942-8080 <u>NJ American Water’s Assistance Program</u> 800-272-1325

PAGE (Payment Assistance for Gas & Electric)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
Assist with electric and natural gas bills for those facing a crisis situation and economic hardship	Income guideline as of October 2018: <u>Household size Minimum to Maximum:</u> (1) \$24,300 - \$58,941 (2) \$32,940 - \$77,078 Liquid assets below \$15,000 Must meet program requirements such as providing payment history, 45 days or more past due balance and/or received a shut-off notice. Also not receiving LIHEAP/USF benefits within the current heating season.	May apply at nearest service center: Greater Bergen Community Action, Inc. 316 State St. Hackensack, NJ 07601 201-488-5100 Online applications available OR download and print application: www.njpoweron.org Mail to: 59 Broad St. Eatontown, NJ 07724	The Affordable Housing Alliance (AHA) is the administrator for the PAGE program and funded by the Board of Public Utilities (BPU). For additional information call: 732-982-8710

New Jersey Family Care ABD (Aged, Blind, Disabled)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
<p>Full Medicaid coverage pays for physician in office, hospital or nursing home or other medical facility & cost of prescribed drugs, eye glasses, dentists, podiatrist, mental health service, ambulance services, hospice, and home health care.</p>	<p>Persons 65 years of age or older, blind or permanently disabled who may not be eligible for SSI.</p> <p>Maximum gross income: S- \$12,490 yr. (\$1,041/month) C-\$16,910 yr. (\$1,409/month)</p> <p>Maximum allowable resources for : Single: \$4,000; Couple: \$6,000</p>	<p>Board of Social Services 218 Route 17 N. Rochelle Park, NJ 07662</p> <p>Tel: 201-368-4200 Hours: M-Fri. 8am to 4:30 pm (Tues. until 8:00 pm)</p> <p>www.bcbss.com</p>	<p>NJ Family Care 1-800-356-1561</p> <p>Medicaid District office 973-977-4077</p>

Managed Long Term Services and Support (MLTSS)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
<p>M.L.T.S.S. uses NJ Family care MCO's (Managed Care Organization) to coordinate acute and primary health care services in the community and long term care facility.</p>	<p>Must meet financial, clinical, age and/or disability requirements. Must be 65 years of age and older OR 21 -64 yrs. old and determined disabled by SSA or by Disability Review Section-Division of the Medical Assistance and Health Services-NJDHS. Must be a U.S. Citizen or a Qualified Alien.</p> <p><u>M.L.T.S.S.</u> Single: \$2,313 Maximum Resources: \$2,000</p> <p>*If income is above \$2,313 then can apply for Qualified Income Trust (QIT)</p> <p>**The maximum resources may be higher for applicant that is married or for a married couple that are both applying.</p>	<p>For information and screening process call Division of Senior Services ADRC 201-336-7400 Financial screening process: Board of Social Services at 201-368-7667 www.bcbss.com</p> <p><u>Managed Care Organizations:</u> <u>Aetna</u> 1-855-232-3596 <u>Amerigroup NJ</u> 1-800-600-4441 <u>Horizon NJ Health</u> 1-877-765-4325 <u>United Healthcare</u> 1-800-941-4647 <u>Wellcare</u> 1-888-453-2534</p>	<p>Beginning July 1, 2014 participants in the Medicaid waiver programs: Global Options (GO); AIDS Community Care Alternative Program (ACCAP); Community Resource for People with Disabilities (CRPD) and Traumatic Brain Injury (TBI) were automatically enrolled in MLTSS program through their current MCO or health plan. www.nj.gov/humanservices/dmahs/home/mltss.html</p> <p>To enroll in a Medicaid MCO : 1-866-472-5338</p> <p><u>Institutional Medicaid:</u> Single: \$2,313 Maximum Resources: \$2,000</p>

JERSEY ASSISTANCE FOR COMMUNITY CAREGIVING (JACC)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS																					
<p>JACC provides in-home services to seniors at risk of placement in a nursing facility. JACC services are designed to supplement help given by the caregiver.</p>	<p>365% of Federal Poverty Level S-(\$3,799/mo.) C-(\$5,143/mo.)</p> <p>A New Jersey resident age 60 and older who:</p> <ul style="list-style-type: none"> * Requires a nursing facility level of care but wishes to remain at home. * Is not financially eligible for Medicaid or Medicaid Waiver Services. * Has resources at or below \$40,000 for an individual or \$60,000 for a couple. * Meet requirements under Citizen/Non-Citizen Status 	<p>For information and screening process call Division of Senior Services: 201-336-7400</p> <p>**Bergen County JACC wait list is currently closed. Please call the Division of Senior Services for information on other available programs.</p>	<p>Participants in JACC share in the cost of their care on a sliding scale based on income.</p> <table border="1" data-bbox="1255 295 1875 568"> <thead> <tr> <th>Individual</th> <th>Couple</th> <th>Co-pay Amount</th> </tr> </thead> <tbody> <tr> <td>\$0-\$1,383</td> <td>\$0-\$1,873</td> <td>\$0.00</td> </tr> <tr> <td>\$1,384-\$1,820</td> <td>\$1,874-\$2,465</td> <td>\$15.00</td> </tr> <tr> <td>\$1,821-\$2,341</td> <td>\$2,466-\$3,170</td> <td>\$30.00</td> </tr> <tr> <td>\$2,342-\$2,861</td> <td>\$3,171-\$3,874</td> <td>\$60.00</td> </tr> <tr> <td>\$2,862-\$3,382</td> <td>\$3,875-\$4,579</td> <td>\$90.00</td> </tr> <tr> <td>\$3,383-\$3,799</td> <td>\$4,580-\$5,143</td> <td>\$120.00</td> </tr> </tbody> </table> <p>2019 Monthly Income Limits: Individual: \$3,799 Couple: \$5,143</p> <p>Standard Medical Deductions: Individual: \$228 Couple : \$442</p> <p>Cost cap in services not to exceed \$600/month; \$7,200 annually.</p>	Individual	Couple	Co-pay Amount	\$0-\$1,383	\$0-\$1,873	\$0.00	\$1,384-\$1,820	\$1,874-\$2,465	\$15.00	\$1,821-\$2,341	\$2,466-\$3,170	\$30.00	\$2,342-\$2,861	\$3,171-\$3,874	\$60.00	\$2,862-\$3,382	\$3,875-\$4,579	\$90.00	\$3,383-\$3,799	\$4,580-\$5,143	\$120.00
Individual	Couple	Co-pay Amount																						
\$0-\$1,383	\$0-\$1,873	\$0.00																						
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HOMESTEAD BENEFIT

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
<p>Provides property tax relief to eligible homeowners.</p>	<p>You may be eligible for a New Jersey Homestead Benefit if you were a New Jersey resident that owned and occupied a home in New Jersey that was your <u>principal</u> residence on October 1 of the year AND property taxes for were paid on that home AND met the income requirements.</p> <p>Maximum income limits (Single/Married/Civil Union):</p> <ul style="list-style-type: none"> ▪ \$150,000 for homeowners age 65 or older, blind or disabled ▪ \$75,000 for homeowners under age 65 and not blind or disabled. 	<p>File applications online OR by phone 1-877-658-2972</p> <p>NJ Homestead Benefit Hotline 1-888-238-1233</p>	<ul style="list-style-type: none"> • Income eligibility does not include Social Security and any income that is not subject to NJ tax • For current eligibility update and due date please refer to NJ Division of Taxation - (Property Tax Relief) www.njtaxation.org

PROPERTY TAX REIMBURSEMENT (SENIOR FREEZE)

WHAT IT DOES	ELIGIBILITY REQUIREMENTS	HOW TO APPLY	COMMENTS
<p>Provides tax relief for homeowners by reimbursing the difference between the amount of property taxes paid for the base year and the amount paid for the year you are applying. The base year is the year you first become eligible for the program and you must meet all requirements up to the year you claim reimbursement.</p>	<p>Total annual income for PTR-1 (Single/Married/Civil Union) : 2017: \$87,268 or less, and 2018: \$89,013 or less and</p> <ul style="list-style-type: none"> • Must be 65 years of age or older or on Social Security Disability • Resident of NJ continuously for last 10 years as a homeowner or renter • Owned and lived in NJ home for at least the last 3 years • Property taxes should be paid in full for base year and succeeding years • Meet income limits 	<p>File PTR-1 or PTR-2 application.</p> <p>Form PTR-1 are for first time applicants</p> <p>Form PTR-2 Personalized application that are mailed to those who met the eligibility requirements the previous year</p>	<p>*Filing deadline for 2018 PTR applications: October 31, 2019</p> <p>* For those with life tenancy, a copy of an official document must be included with application</p> <p>*Mobile homeowners must have paid the full amount of mobile home park site fees.</p> <p>Tax relief program may be subject to change according to the state budget. For current eligibility update and due date please refer to NJ Division of Taxation -(Property Tax Relief) www.njtaxation.org</p> <p>Property Tax Reimbursement Hotline: 800-882-6597</p>

OTHER PROPERTY TAX BENEFITS

Senior Citizens or Disabled Persons Property Tax Deduction:

Annual deduction of up to \$250 from property tax for homeowners age 65 or older or disabled who meet residency requirements and have less than \$10,000 annual income, excluding Social Security income. Benefit is administered by the local municipality.

Veterans Deduction:

Annual deduction of up to \$250 from property taxes due for qualified war veterans or for veterans who served in peacekeeping missions and operations. This deduction also applies to the unmarried surviving spouse/civil union/domestic partner. Benefit is administered by the local municipality. There is also full exemption from property taxes on a principal residence for total and permanently disabled war veterans and veterans who served in peacekeeping missions and operations.

NJ Division of Taxation

Regional Information Center:

(Bergen County)

22-08 Route 208 South

Fair Lawn, New Jersey 07410

201-791-0500

New Jersey Division of Taxation: 1-800-323-4400

Frail/Disabled: Person 60+ with Physical/Mental disability, including Alzheimer's & Dementia, that restricts ADL's to the point of losing capacity to live alone or independently.

Vulnerable Client : Person 60+ (1) exposed to unfavorable environmental (living) conditions OR (2) person 60+ without social/economic resources to maintain adequate well-being: including low income (**100%-200% Federal Poverty level**) **S (\$1,041-\$2,082) C (\$1,409- \$2,818)** OR (3) language barrier (1st language other than English or illiteracy) OR (4) isolated (living alone), with no "informal support system" (helping family or friends).

COUNTY OF BERGEN



James J. Tedesco III
County Executive

BOARD OF CHOSEN FREEHOLDERS

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