TAX SALE BIDDER INFORMATION SHEET

Instructions: Complete the following information to assist the tax office in the preparation and redemption of tax sale certificate(s). Submit it with the payment of the certificates purchased. One form must be prepared for each person in whose name a certificate is issued.

1. Name of person bidding on property: _____

2. The name and address of the person to whom the Tax Sale Certificate is to be issued is:

   Name: _____

   Mailing Address: _____

   _____

   Federal Tax Identification (or Social Security) Number: _____

3. Person to contact if there are any questions pertaining to the preparation of the tax sale certificate(s).

   Name: _____

   Telephone: _____ Fax Phone: _____

4. How do you wish to obtain your Tax Sale Certificates? Pickup at tax office: ☐ Mail: ☐

REQUIRED NOTICE AND DISCLOSURE

Certificate purchasers are herewith advised, pursuant to N.J.S.A. 13:1K-6, that industrial property may be subject to the "Environmental Clean Up Responsibility Act," the "Spill Compensation and Control Act," or the "Water Pollution Control Act." These laws preclude the municipality from issuing a tax sale certificate to any purchaser who is or may be in any way connected to the previous owner or operator of such sites. By signing below, the person bidding the property certifies that he does not represent, is not connected to, and is not such a property owner or operator of any such parcel for which a certificate is issued. **I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.**

Date: _____ Signature: _____

For Tax Collector Use Only:

Block	Lot	Qual. Code	% Bid	Premium Amount	Amount of Sale

FOR TAX COLLECTOR USE ONLY:

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Purchaser_____

Block	Lot	Qual.Code	%Bid	Premium Amount	Amount of Sale

SUPPLEMENTAL INCOME STATEMENT

_____ _____
Applicant's Name Applicant's Address

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen's tax deduction with respect to premises located at

_____, _____
(STREET ADDRESS) (MUNICIPALITY)

Block No. _____ Lot No. _____

INCOME FOR THE CALENDAR YEAR
(including Spouse's Income)

1. Pension or Retirement (private) _____
2. Salaries or Wages _____
3. Interest and Dividends _____
4. Net Rents or Royalties _____
5. Capital gains _____
6. Other income _____
7. Social Security _____
   Husband _____
   Wife _____ _____
8. State or Federal Pension, Disability Benefits _____
   Husband _____
   Wife _____ _____
9. Railroad Retirement Pension
   Husband _____
   Wife _____ _____

Annual Gross Income
(SUM OF ITEMS 1-9) _____

(Note: the appropriate official will determine which of the above items are to be excluded)

_____
(applicant's signature)

_____
(signature of applicant's spouse)

To Applicant: The above detail is to enable the Tax Collector to determine which items of income may be excluded under the law and to determine whether you meet the income requirements of the law. Failure to complete this form may result in the loss of your senior citizen's tax deduction.

PLEASE RETURN THE COMPLETED FORM TO THE TAX COLLECTOR'S OFFICE

COLLECTOR OF TAXES
44 CITY HALL PLAZA
EAST ORANGE, N.J. 07019