ELDERLY TAX EXEMPTION QUALIFICATIONS WORKSHEET

(MAY BE USED FOR REQUALIFICATIONS. MAY ALSO BE USED FOR BLIND, DEAF OR DISABLED EXEMPTIONS WITH 3 YEAR NH RESIDENCY REQUIREMENT)

RSA 72:33, VI allows Selectmen or Assessing Officials to require those receiving tax exemptions or credits to re-file their qualifying information periodically but no more frequently than annually. Failure to file such periodic statements may, at the discretion of the Assessing Officials, result in a loss of the exemption or tax credit for that year.

Town Address:						
This worksheet is to be completed and submitted along with completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application. Please note the following Income and Asset Limits when considering submission of your application:						
INCOME LIMIT	S: Single [\$]	Married [\$	1		
ASSET LIMIT:	Single [\$]	Married [\$	1		
If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA33 (Statement of Qualification) <u>and</u> submit a copy of the deed showing the assigned ownership of the life estate <u>or</u> a copy of the Declaration of Trust, including a list of beneficiaries <u>or</u> a completed Certification of Trust per RSA 564-B: 10-1013.						
Please print all information	on clearly:					
Applicant's Name:				_		
Spouse's Name:				_		
Property Address:				_		
Mailing Address:				_		
Date of NH Residency				_		
(Three-year NH residency for elderly exemption, Five-year NH residency for all other exemptions.)						

Town Name:

INCOME:Please list the source and amount of all income for year for both you and your spouse.

SOURCE: (N	(et income)	Applicant:	Applicant's Spor	ıse:	Supporting Documentation
Social Security:		\$	\$		
Pension & Retire	ment	\$	_ \$		
Wages:		\$	_ \$		
Rental Income:		\$	_ \$		
Other Income/Ar	nuities:	\$	_ \$		
Interest Income:		\$	_ \$		
TOTAL INCOM	Œ:	\$	_ \$		
Check her Return.		cant or applicant's		red to file	a Federal Income Tax
ASSETS:					
Please list all asso Savings Account Boats, Antiques,	s or Investme	<u> </u>	D's, Stocks & Bonds	s, IRA's, A	nnuities, Travel Trailers
INSTITUTION NAME:		TYPE:	VA	ALUE/AM	<u>OUNT</u>
		Checking _			
		Savings _			
	. <u> </u>	Savings _			
	. <u> </u>	IRA _			
		Other _			

VEE	HCLES:	
A.	Make / Model / Year / Mileage	
		Est. Value \$
B.	Make / Model / Year / Mileage	
		Est. Value \$
C.	Boat / Model / Year	Est. Value \$
D.	RV / Model / Year	Est. Value \$
E.	Other / Description	Est. Value \$
F.	Other / Description	Est. Value \$
mini	imum single family residential lot size	nary residence and up to the greater of 2 acres or the specified in the local zoning ordinance.)
	erty Typeerty tax bill.	In Town/State
11	ovide copy of property tax oni.	Est. Value \$
		TOTAL Of All ASSETS \$
cond infor	lition to the best of my knowledge. I fu	the above is a correct and accurate accounting of my financial arther authorize any agency or financial institution to release ecords to any agent of the [Town] . I release all persons in the release of this information.
APP	LICANT'S SIGNATURE:	DATE:
PRI	NTED NAME:	
SPO	USE'S SIGNATURE:	DATE:
PRI	NTED NAME:	
TEL	EPHONE NUMBER:	
PLE	ASE RETURN THIS QUESTIONAL	RE BY
		E KEPT CONFIDENTIAL EXCEPT THAT THE

THIS QUESTIONAIRE WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMSSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).