



## ELDERLY TAX EXEMPTION QUALIFICATIONS WORKSHEET

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.

This worksheet is to be completed and submitted along with all supporting documentation. 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 LIMITS:    Single \$ **35,000**                      Married \$ **45,000**

ASSET LIMIT:        Single \$ **150,000**                      Married \$ **150,000**

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) and submit a copy of the deed showing the assigned ownership of the life estate and either a copy of the Declaration of Trust, including a list of beneficiaries or a completed Certification of Trust per RSA 564-B: 10-1013.

NEW APPLICANT                          EXISTING / REVIEW        (Please check one)

Please print all information clearly:

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Principle Place of Abode: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of NH Residency \_\_\_\_\_

(Three-year NH residency prior to April 1 for elderly exemption)  
(Please submit a copy of your **property Deed** and **Birth Certificate(s)** with this application)

**INCOME:**

Please list Income from all sources, the amounts per year for both you and your spouse and include supporting documentation such as social security statements, W-2's and 1099's.

<b>SOURCE:</b>	<b>Applicant:</b>	<b>Applicant's Spouse:</b>	<i>List Supporting Documentation</i>
Social Security:	\$ _____	\$ _____	_____
Pension & Retirement	\$ _____	\$ _____	_____
Wages:	\$ _____	\$ _____	_____
Rental Income:	\$ _____	\$ _____	_____
Interest Income:	\$ _____	\$ _____	_____
Other Income: Annuities; IRA Distributions; Dividends; Etc	\$ _____	\$ _____	_____
<b>TOTAL INCOME:</b>	\$ _____	\$ _____	

If you have filed any of the following – please provide a copy.

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form
3. Any other documents as needed to verify eligibility

Check here if the applicant or applicant's spouse was not required to file a Federal Income Tax Return.

**ASSETS:**

Please list all assets owned (Self & Spouse)

Checking, Savings Accounts (Please include most recent 3 months of statements – ALL PAGES)

Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Antiques, Cars etc.)

<u>INSTITUTION NAME:</u>	<u>TYPE:</u>	<u>VALUE/AMOUNT</u>	<u>STATEMENT DATE</u>
_____	Checking	_____	_____
_____	Savings	_____	_____
_____	CD	_____	_____
_____	IRA	_____	_____
_____	Reverse Mortgage	_____	_____
_____	Other	_____	_____

**VEHICLES / BOATS / ANTIQUES / OTHER:**

- A. Car: Make / Model / Year / Mileage \_\_\_\_\_  
Est. Value \$ \_\_\_\_\_
- B. Car: Make / Model / Year / Mileage \_\_\_\_\_  
Est. Value \$ \_\_\_\_\_
- C. Boat / Model / Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- D. RV / Model / Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- E. Antiques / Collections \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- F. Other (Description) \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

**REAL ESTATE: (not including your primary residence and up to the greater of 2 acres or the minimum single family residential lot size specified in the local zoning ordinance.)**

Property Type \_\_\_\_\_ In Town/State \_\_\_\_\_  
 \*\*Provide copy of property tax bill. Estimated Market Value \$ \_\_\_\_\_

**TOTAL OF ALL ASSETS \$ \_\_\_\_\_**

I swear, under penalty of perjury, that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge and that this is my primary place of abode per RSA79:39-a(c). I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the **Town of Derry**. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**PLEASE RETURN THIS QUESTIONNAIRE AND ALL SUPPORTING DOCUMENTATION BY APRIL 15<sup>th</sup> OF THE QUALIFYING TAX YEAR**

ABOVE CALCULATIONS BASED UPON FINANCIALS PRODUCED BY PROPERTY OWNER. DESCRIPTION OF FINANCIAL IS SHOWN UNDER CATEGORY. THIS WORKSHEET WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT AND IT MAY ALSO BE USED BY THE TOWN IN DEFENSE OF ANY ACTION TAKEN AS A RESULT OF DECISION RENDERED ON INFORMATION CONTAINED HEREIN. REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_