



VETERANS' CREDIT QUALIFICATIONS WORKSHEET

In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

Service Connected Total and Permanent Disability Tax Credit (RSA 72:35)

Name of Applicant: _____

Name of Veteran (If different from Applicant): _____

Relationship of Applicant to Veteran Self _____ Spouse _____ Widow(er) _____

(If Widow(er) - have you remarried? _____)

Mailing Address: _____

Applicant's Phone Number _____

Principal Place of Abode _____

Map/Lot _____

Name(s) on Deed of Principal Place of Abode _____

How long resided at Principal Place of Abode _____

Date of Original Application to Municipality: _____

Date Range of Active Duty From DD214 or other qualifying discharge papers;

_____ (must be 90 days in any qualifying conflict)
(For a list of qualifying discharge papers go to: http://www.revenue.nh.gov/munc_prop/documents/vetservverif.doc)

If service after May 8, 1975 list any qualifying medals earned: _____

(For a list of qualifying medals go to: http://www.revenue.nh.gov/munc_prop/documents/vetmedals.doc)

Was veteran honorably discharged or separated from service? YES _____ NO _____

(The municipality must see a copy of the letter provided by the United States Department of Veterans' Affairs certifying that the applicant is rated totally and permanently disabled from a service-connected injury)

14 Manning Street . Derry, New Hampshire 03038 Tel (603)432-6104 Fax (603)432-8176

Website: www.derry-nh.org

I swear under penalty of perjury, that all the above information is correct and accurate to the best of my knowledge

Applicant's Signature: _____ Date: _____

Reviewed by: _____ Date: _____