



VETERANS' CREDIT QUALIFICATIONS WORKSHEET

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

Regular Veterans' Tax Credit (RSA 72:28) _____ NEW APPLICANT _____
EXISTING

Name of Applicant: _____ Date _____

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

_____ (must be 90 days in any qualifying war or armed conflict)

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

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

Application to be returned by April 15th of the qualifying tax year.

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.

Applicants signature: _____ Date: _____

Reviewed by: _____ Date: _____