

Application for Request for a Tax Payment Plan and Your Responsibilities

Attached you will find an application for requesting a Tax Payment Plan from the New Durham Board of Selectmen.

Please fully complete the application. Missing information will constitute an incomplete application, which cannot be processed. For your convenience a list of some of the required documentation that you must attach to the application is listed below:

1. Most recent W-2 Form and tax return.
2. Last 3 paycheck stubs.
3. Verification of Resources:
 - a. Divorce Decree & Stipulation of Child Support;
 - b. Documentation of Child Support payments – Last 3 Months;
 - c. Checking Account Statement – Last 3 Statements;
 - d. Savings Account Statement – Last 3 Statements;
 - e. Other Statements: Money Markets, 401K's, Investments, etc. – Last 3 Months.
4. Verification of monthly mortgage payment, if applicable.
5. Utility bills (electric, natural gas/propane, oil/kerosene, etc.) – Last 3 Months.
6. Documentation of other expenses ex telephone, cable TV –Last 3 Months.
6. Picture ID.

The Town Administrator or Board of Selectmen may require a credit check before making a decision.

If you have any questions, please call 859-2091 and ask for the Town Administrator.

You Must Provide All of the Items That Pertain to You at the Time of Your Interview. Your Appointment is scheduled for:

Date: _____ Time: _____ in the Town
Administrator's Office located at the New Durham Town Hall, 4 Main Street, New Durham, NH.

APPLICATION FOR TAX PAYMENT PLAN

EACH QUESTION MUST BE ANSWERED

Name _____ **Maiden Name** _____

Mailing Address _____ **Town** _____ **State** ____ **Zip** _____

Telephone Number _____ **Cell Phone Number** _____

Co – Applicant, if applicable _____ **Relationship** _____

Telephone Number _____

Map: _____ Lot _____ Street Address of property for which taxes are owed: _____

Have you previously applied to the Town of New Durham for a Tax Payment Lien Plan?

Yes ___ No ___ If yes, When? _____ What Address? _____

Is Foreclosure pending? Yes ____ No ____ Is Bankruptcy Pending: **Yes** ____ **No** ____

List Everyone Who Lives In the Household, Beginning With Yourself and Co-Applicant, if applicable. (Add additional pages as needed.)

[illegible]

List Current and Last Three Employers for Yourself and All Household Members (Add additional pages as needed.)

[illegible]

ASSETS

List All Vehicles of All Household Members including Boats, Motorcycles, ATV's, etc. (Add additional pages as needed.)

Type Vehicle (ex Car, ATV)	Make/Model/Year	VIN #	Registered To	Monthly Payment

List Income Tax Information for Yourself and All Household Members. (Add additional pages as needed.)

Person's Name	Date Last Tax Return Filed	Date Tax Refund Received	Amount of Refund	Amount Owed

List All Assets - Personal and Business - for Yourself and All Other Household Members. (Add additional pages as needed.)

Person's Name	Cash On Hand or Accessible	Amount In Savings Account	Amt. in Checking	Amount of Other Assets

List if you or anyone in the Household Member Have Any of The Following: (Add additional pages as needed.)

Name of Account	Person's Name	Total Value	Amount of Penalty For Early Withdrawal
Annuities			
Certificate of Deposit (CD's)			
Life Insurance Policy			
Mutual Fund			
Profit Sharing			
Retirement Account			
Savings Bonds			
Stocks			
Trust Fund			
401K			
Other			

List If You or Anyone In the Household Has Cashed in Any of the Above In the Last 6 Months.

(Add additional pages as needed.)

Person's Name	What Type of Account	Amount Received

List If You or anyone in the Household Members Are Currently Receiving Income Or Benefits From the Following Sources (Add additional pages as needed.)

	Person Receiving Benefit	Amount Received	How Often (ex weekly vs. monthly)
Aid to the Blind			
Assistance from friends, relatives, employer, etc			
Disability – State/APTD			
Disability – Short Term			
Disability – Long Term			
Food Stamps			
Fuel Assistance			
Electric Assistance			
Maternity benefits			
Medicaid			
Old Age Assistance			
Rent Received			
Retirement/Pension			
Severance Pay			
Social Security			
Social Security Disability (SSD)			
Temporary Aid to Needy Families (TANF)			
Unemployment			
Vacation Pay/Earned Time/Sick Pay			
Veteran's Pension			
Women, Infants & Children (WIC)			
Worker's Compensation			
Other			

List If You or Anyone In the Household Has Within the Last 6 Months Received or Is Expecting To Receive:

	Person That Received or is Receiving Benefit	Type Benefit	Date	Amount
An Inheritance				
Disability Payment				
Insurance Claim				
Lump sum Payment				
Settlement of Any Type				

CHILD SUPPORT INCOME (Add additional pages as needed.)

Child's Name	Address	Amount Received	Date Last Received	Payment Due

EXPENSES**Child Support Payments You or Someone In the Household Must Make** (Add additional pages as needed.)

Child's Name	Address	Amount Paid	Date Last Paid	Payment Due

List All Household Expenses, Date Last Paid and the Amount Paid (Provide complete information)

Expense	Name On Bill	Amount	Frequency (ex. weekly, monthly)	Date Last Paid
Cable				
Car Payments				
Cell Phone				
Court Ordered Payments (Fines, Fees)				
Credit Card				
Diapers				
Electric				
Food				
Gasoline for Car				
Heating Oil/Kerosene				
Household Supplies				
Internet				
Land Line Phone				
Mortgage				
Personnel Loans				
Prescriptions				
Propane/Natural Gas				
Rent to Own				
Other (Explain)				

Other Information That You Would Like the Board of Selectmen to Consider:

Amount of Taxes and Interest Owed: \$ _____ **Date of Tax Statement:** _____

Proposed Payment Plan: (Amount to be paid each Month): _____

READ CAREFULLY BEFORE SIGNING

I/We understand that:

I/We, the undersigned, voluntarily enter into this tax payment plan with the Town of New Durham. Any information provided on or with this application is subject to investigation and verification. Any misrepresentation of the information provided that is used in determining acceptance or rejection of you tax lien payment plane request would immediately terminate the plan. The Town Clerk would be notified to proceed to tax deed.

Any change in my/our status must be reported to the Town Administrator within 3 working days. Failure to do so may result in termination of the approved tax lien payment plan.

My/Our signature(s) below constitute(s) the granting of my/our authority for the Town of New Durham to obtain verification and or proof from all sources concerning my/our household's circumstances.

_____	_____
Applicant's Signature	Date

_____	_____
Co-Applicant's Signature	Date

Applicant, Co – Applicant(s) do not sign the following until the conclusion of the intake interview.

I/We hereby certify that all notes and/or alterations written on my application by the Town Administrator or their designee during this intake process accurately reflect my responses to questions and any additional information I/We provided. I/We further certify that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge.

Applicant's Signature

Date

Co-Applicant's Signature

Date

I _____ hereby certify that _____
Print Name **Print Name(s)**

signed the above in front of me at the conclusion of the interview conducted on _____..
Date

Town Administrator's (or designee) Signature:

Date

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We authorize any relative, lawyer, banker, check cashing service, employer, former employer, insurance company, health care provider, mental health professional, pharmacy, hospital, emergency care facility, ambulance service, police, Sheriff, State Police, firefighter, EMT, Red Cross, Salvation Army or any persons or organizations concerning my/our circumstances to furnish such information to the New Durham Town Administrator.

I/We further authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any City/ Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration, Southern NH Services, or any non profit agency to release information from their files to the Town of New Durham Town Administrator.

Applicant's Signature Date

Co-Applicant's Signature Date

Authorized Expenses per New Durham Welfare Guidelines

Expense	Allowed (Yes/No)	Amount Allowed
Cable	Not Allowed	
Car Insurance	Allowed	Maximum of \$75/month
Car Payments	Medical Appointments and Job Searches OR essential to the maintenance of the individual	Maximum of \$ 300/month
Cell Phone	Either Cell OR Land Line IF medically necessary	Only Basic Rate
Court Ordered Payments (Fines, Fees)	Allowed	Based on Court Decision
Credit Card	Not Allowed	
Diapers		
Electric	Allowed	Actual Amount
Food	Allowed	??????
Gasoline for Car	Medical Appointments and Job Searches	Rochester \$ 30/; Dover \$ 40/; Portsmouth \$ 50/
Heating Oil/Kerosene	Allowed	Actual Amount
Health Insurance	Allowed	Actual Amount
Household Supplies		
Internet	Only if Work Related	Only Basic Rate
Land Line Phone	Either Cell OR Land Line IF medically necessary	Only Basic Rate
Mortgage	Allowed	Actual Amount
Personnel Loans	Not Allowed	
Prescriptions	Allowed After Other Payers	Actual Amount after other payers
Propane/Natural Gas	Allowed	Actual Amount
Rent to Own	Allowed	Actual Amount
Other (Explain)		

Utilities – Arrearages are not included. See pg 15 of the Welfare Guidelines