

TOWN OF NEW DURHAM, NEW HAMPSHIRE

Disabled Exemption Application Worksheet

To be completed by owner seeking Tax Exemption, Per RSA 72:37-b **Filing Deadline: April 15**th

Owner's Name: Co-Owner/Spouse Name:	Co-Owner's Date of Birth:
Property Address:	1ax Map/Lot
Life Estate/Trust Name (if applicable):	If married, how many years? If yes, how many years? must be completed with a full copy of Trust)
Is property owned: SolelyJointly Is the Do you have a mortgage? Yes No If Are you receiving a deduction or exemption from any	property a multi-family home? Yes No yes, balance \$ y other City or Town? Yes No
INCOME INFORMATION for the period of Janua Please answer all questions; if any of the following of	
Supporting documents must be submitted with this ap	oplication; items in bold are examples of supporting
documents and are not limited to the ones listed.	Owner Co-Owner (Spouse)
1. Social Security (gross, annual) (1099-SSA)	\$ \$
2. Social Security Disability Income	\$
3. VA Benefits (Pension/Disability Income)	\$
4. Wages/Salaries (gross) (W-2's)	\$
Tips (gross)	\$
5. Pensions (1099-r's)	\$
Annuities (1099-r's)	\$
401K, IRA's (1099-r's)	\$
6. All Interest Income (of all accounts) (1099-INT)	\$
7. All Dividend Income (of all accounts) (1099-DIV	V) \$ \$
8. Real Estate Rental Income (Annual Amount)	\$
9. Other Income (Fuel, Electric, SSI, gambling)	\$
10. Is anyone other than spouse or co-owner living w	vith you? Yes No
11. If yes, please list amount of assistance received	\$
If yes, please list amount of bills, or rent paid ann	nually \$
TOTAL YEARLY INCOME	§
OTHER RECEIVABLES (These are NOT con 1. Proceeds from sale of assets (home, stock	

 Business enterprise expenses & costs Life Insurance payments received 			\$ \$			
CURRENT ASSET INFORMATIO of the following categories do not ap			st be answered, therefore, if any			
12. Do you own (individually, jointly, or anywhere else, including home	s, land, manufactur	ed homes, or time s				
If yes, other Real Estate: (Stree	Market Value					
Other Personal Property (a)D	Value					
Other Personal Property (a)	Value					
13. Vehicle 1 Year: Make Vehicle 2 Year: Make Boat/RV Year: Make Other/Description:	: Model: : Model: : Model:	Value: Value: Value:				
Please provide all pages of the last Checking Acct # (last 4-digits)	Bank/Instituti		Balance			
Savings Acct # (last 4-digits)	Bank/Instituti	on Name	Balance			
CD Acct # (last 4-digits)	Bank/Instituti	on Name	Balance			
Money Market Acct #	Bank/Instituti	on Name	Balance			
IRA Acct # (last 4-digits)	Bank/Instituti	on Name	Balance			
Mutual Fund Acct # (last 4-digits)	Bank/Institut	tion Name	Balance			

Telephone Number:	riewed:	ewed: Initials:			
Printed Name		Printed Name	Printed Name		
Owner's Signature	Date	Co-Owner's	Signature	Date	
My/Our signature(s) below constitute(s to obtain verification and/or proof from	s) the granting of n all sources concer	ny/our authority rning my/our ho	for the Town of usehold's circur	New Durham, NH, nstances.	
I/We understand that any misrepresents and/or repayment of any funds received in a loss of this exemption.					
I/We swear, under penalty of perjury including income and asset statemen				he application,	
•••••	• • • • • • • • • • • • • • • • • • • •	••••••	•••••	•••••	
16. Did you file a State of NH Interest	est and Dividend	tax form? Ye	s No_		
15. Are you required to file an incoming If yes, a full copy needs to be s					
TOTAL (CURRENT ASS	ETS	\$		
14. Other Assets (Explain): Assets disclosed by the applicant or Town of New Durham Assessing D	n this application we partment.	vill be verified th	Value: rough all resour	cces available to the	
Life Insurance Policy #	Insurance Co./Ins	stitution Name	Cash O	Out Value	
Stock/Bonds Acct # (last 4-digits)	Bank/Institut	ion Name	Cash O	out Value	
Timuty Teet ii (last 1 digits)	Build Histitut	ion runic	Dui		
Annuity Acct # (last 4-digits)	Bank/Institut	ion Name	Bal	lance	