



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 15th

Owner's Name: _____ Owner's Date of Birth: _____
 Co-Owner/Spouse Name: _____ Co-Owner's Date of Birth: _____
 Property Address: _____ Tax Map/Lot _____
 Mailing Address: _____
 Single _____ Widowed _____ Married _____ If married, how many years? _____
 Is this your primary residence? Yes _____ No _____ If yes, how many years? _____
 Life Estate/Trust Name (if applicable): _____

(If property is owned by a Trust, a PA-33 must be completed with a full copy of Trust)

Is property owned: Solely _____ Jointly _____ Is the property a multi-family home? Yes _____ No _____
 Do you have a mortgage? Yes _____ No _____ If yes, balance \$ _____
 Are you receiving a deduction or exemption from any other City or Town? Yes _____ No _____

INCOME INFORMATION for the period of January 1 to December 31

Please answer all questions; **if any of the following categories do not apply, please write N/A.**

Supporting documents must be submitted with this application; 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)	\$ _____	\$ _____
8. Real Estate Rental Income (Annual Amount)	\$ _____	
9. Other Income (Fuel, Electric, SSI, gambling)	\$ _____	
10. Is anyone other than spouse or co-owner living with you?	Yes _____ No _____	
11. If yes, please list amount of assistance received	\$ _____	
If yes, please list amount of bills, or rent paid annually	\$ _____	
TOTAL YEARLY INCOME	\$ _____	

OTHER RECEIVABLES (These are NOT counted towards income)

1. Proceeds from sale of assets (home, stock, bonds, etc.) \$ _____

- 2. Business enterprise expenses & costs \$ _____
- 3. Life Insurance payments received \$ _____

CURRENT ASSET INFORMATION as of **December 31st**. All items must be answered, therefore, **if any of the following categories do not apply, please write N/A.**

12. Do you own (individually, jointly, in common, fractional, etc.) any other real estate in the United States or anywhere else, including homes, land, manufactured homes, or time share? Yes _____ No _____

If yes, other Real Estate: _____
 (Street Address, City/Town/State) Market Value

Other Personal Property (a) _____
 Description Value
 (b) _____
 Description Value

- 13. Vehicle 1 Year: _____ Make: _____ Model: _____ Value: _____
- Vehicle 2 Year: _____ Make: _____ Model: _____ Value: _____
- Boat/RV Year: _____ Make: _____ Model: _____ Value: _____
- Other/Description: _____ Value: _____

Please provide all pages of the last 3-months statements from all accounts or annual Asset statement

Checking Acct # (last 4-digits)	Bank/Institution Name	Balance

Savings Acct # (last 4-digits)	Bank/Institution Name	Balance

CD Acct # (last 4-digits)	Bank/Institution Name	Balance

Money Market Acct #	Bank/Institution Name	Balance

IRA Acct # (last 4-digits)	Bank/Institution Name	Balance

Mutual Fund Acct # (last 4-digits)	Bank/Institution Name	Balance

