



## TOWN OF NEW DURHAM, NEW HAMPSHIRE

### Elderly Exemption Application Worksheet

To be completed by owner seeking Tax Exemption, Per RSA 72:39-a  
**Filing Deadline: April 15<sup>th</sup>**

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) <b>(1099-SSA)</b>	\$ _____	\$ _____
2. Social Security Disability Income	\$ _____	\$ _____
3. VA Benefits (Pension/Disability Income)	\$ _____	\$ _____
4. Wages/Salaries (gross) <b>(W-2's)</b>	\$ _____	\$ _____
Tips (gross)	\$ _____	\$ _____
5. Pensions <b>(1099-r's)</b>	\$ _____	\$ _____
Annuities <b>(1099-r's)</b>	\$ _____	\$ _____
401K, IRA's <b>(1099-r's)</b>	\$ _____	\$ _____
6. All Interest Income (of all accounts) <b>(1099-INT)</b>	\$ _____	\$ _____
7. All Dividend Income (of all accounts) <b>(1099-DIV)</b>	\$ _____	\$ _____
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	\$ _____	
<b>TOTAL YEARLY INCOME</b>	\$ _____	

**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 31<sup>st</sup>.** 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

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

Stock/Bonds Acct # (last 4-digits)	Bank/Institution Name	Cash Out Value

Life Insurance Policy #	Insurance Co./Institution Name	Cash Out Value

14. Other Assets (Explain): \_\_\_\_\_ Value: \_\_\_\_\_  
 Assets disclosed by the applicant on this application will be verified through all resources available to the Town of New Durham Assessing Department.

**TOTAL CURRENT ASSETS**                      \$ \_\_\_\_\_

15. Are you required to file an income tax return? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, a full copy needs to be submitted with your application.**

16. Did you file a State of NH Interest and Dividend tax form? Yes \_\_\_\_\_ No \_\_\_\_\_

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**I/We swear, under penalty of perjury, and certify that the information provided in the application, including income and asset statements, is true to the best of my/our knowledge.**

I/We understand that any misrepresentation or omission of information may result in denial of this exemption and/or repayment of any funds received by this exemption. Failure to file this periodic statement may result in a loss of this exemption.

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

\_\_\_\_\_  
 Owner's Signature                      Date                      Co-Owner's Signature                      Date

\_\_\_\_\_  
 Printed Name    Printed Name

**Telephone Number:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_ **Initials:** \_\_\_\_\_