

ELDERLY TAX EXEMPTION QUALIFICATIONS WORKSHEET
(MAY BE USED FOR REQUALIFICATIONS. MAY ALSO BE USED FOR BLIND, DEAF OR
DISABLED EXEMPTIONS WITH 3 YEAR NH RESIDENCY REQUIREMENT)

RSA 72:33, VI allows Selectmen or Assessing Officials to require those receiving tax exemptions or credits to re-file their qualifying information periodically but no more frequently than annually. Failure to file such periodic statements may, at the discretion of the Assessing Officials, could result in a loss of the exemption or tax credit for that year.

Town Name: Grantham

Town Address: 300 Route 10 South, Grantham, NH 03753

Phone: 603-863-6021

This worksheet is to be completed and submitted along with completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application. Please note the following **Income and Asset Limits** when considering submission of your application:

INCOME LIMITS: Single [**\$40,000**] Married [**\$80,000**]

ASSET LIMIT: Single [**\$100,000**] Married [**\$200,000**]

If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA33 (Statement of Qualification) **and** submit a copy of the deed showing the assigned ownership of the life estate **or** a copy of the Declaration of Trust, including a list of beneficiaries **or** a completed Certification of Trust per RSA 564-B: 10-1013.

Please print all information clearly:

Applicant's Name: _____

Spouse's Name: _____

Property Address: _____

Mailing Address: _____

Date of NH Residency _____

(Three-year NH residency for elderly exemption, Five-year NH residency for all other exemptions.)

INCOME:

Please list the source and amount of all income for year for you and your spouse, as well as supporting documentation for each.

SOURCE: (Net income)	Applicant:	Applicant's Spouse:	Supporting Documentation
Social Security:	\$ _____	\$ _____	_____
Pension & Retirement	\$ _____	\$ _____	_____
Wages:	\$ _____	\$ _____	_____
Rental Income:	\$ _____	\$ _____	_____
Other Income/Annuities:	\$ _____	\$ _____	_____
Interest Income:	\$ _____	\$ _____	_____
TOTAL INCOME:	\$ _____	\$ _____	

If you have filed any of the following – please provide a copy.

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form
3. Proof of Date of Birth
4. Any other documents as needed to verify eligibility

Check here if the applicant or applicant's spouse was not required to file a Federal Income Tax Return.

ASSETS:

Please list all assets owned (Self & Spouse) as well as copies of your most recent statement(s). Savings Accounts or Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars etc.)

<u>INSTITUTION NAME:</u>	<u>TYPE:</u>	<u>VALUE/AMOUNT</u>
_____	Checking _____	_____
_____	Checking _____	_____
_____	Savings _____	_____
_____	Savings _____	_____
_____	IRA _____	_____

ASSETS CONTINUED:

_____	Stocks	_____	_____
_____	CD's	_____	_____
_____	Bonds	_____	_____
_____	Other	_____	_____

VEHICLES:

A. Make / Model / Year / Mileage _____ Est. Value \$ _____

B. Make / Model / Year / Mileage _____ Est. Value \$ _____

C. Boat / Model / Year _____ Est. Value \$ _____

D. RV / Model / Year _____ Est. Value \$ _____

E. Motorcycle / Model / Year _____ Est. Value \$ _____

F. Snowmobiles / Model / Year _____ Est. Value \$ _____

G. Other / Description _____ Est. Value \$ _____

H. Other / Description _____ Est. Value \$ _____

ANTIQUES/ART OR STAMP COLLECTIONS ETC:

Do you own any antiques? Yes No

Do you own any artwork? Yes No

Do you own a stamp collection? Yes No

If you answered yes to any of the questions above, please provide a list of those items on a separate sheet of paper and include a description and estimated value for each.

Total Est. Value of all Antiques etc. \$ _____

REAL ESTATE: (Not including your primary residence and up to the greater of 2 acres or the minimum single family residential lot size specified in the local zoning ordinance.)

Property Type _____

In Town/State _____

****Provide copy of the most recent property tax bill****

Est. Value \$ _____

TOTAL OF All ASSETS \$ _____

I swear, under penalty of perjury, that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the Town of Grantham. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

TELEPHONE NUMBER: _____

PLEASE RETURN THIS QUESTIONNAIRE BY _____ / ____ / _____, THANK YOU.

THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).