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, result in a loss of the exemption or tax credit for that year.

Town Name: Whitefield

Town Address: 56 Littleton Road

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 [$ 18,400]	Married [$ 26,400]
ASSET LIMIT:	Single [$ 50,000]	Married [$ 50,000]

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: ______________ DOB

Spouse's Name: ______________ DOB

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 both you and your spouse.

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. 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)
Savings Accounts or Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars etc.)

INSTITUTION NAME:	TYPE:		VALUE/AMOUNT
__________	Checking	______	__________
__________	Savings	______	__________
__________	Savings	______	__________
__________	IRA	______	__________
__________	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. Other / Description ________________ Est. Value $____________

F. Other / Description ________________ Est. Value $____________

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 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]**. 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 QUESTIONAIRE BY ____________ /___ /______, THANK YOU.

THIS QUESTIONAIRE WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMSSIONER 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).