

**TOWN OF HAMPSTEAD**  
**11 Main St. Hampstead, NH 03841**

**DISABLED TAX EXEMPTION QUALIFICATION WORKSHEET**

RSA 72:33, VI allows Selectmen or Assessing Officials to require those receiving tax exemptions 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 for that year.

This worksheet is to be completed and submitted along with **all supporting documentation**. 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:

<b>INCOME LIMITS:</b>	Single <b>\$40,000</b>	Married <b>\$70,000</b>
<b>ASSET LIMITS:</b>	Single <b>\$100,000</b>	Married <b>\$100,000</b>

If you hold a **Life Estate** in the property or your property is owned by a **Trust**, you must also submit a completed form PA-33 (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.**

**Please check one:**    **New App.** \_\_\_\_\_    **Existing App.** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_    **Date of Birth:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_    **Date of Birth:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Date of Residency:** \_\_\_\_\_

**INCOME:**

Please list the amount of **all income** for the year for both you and your spouse.

<b>SOURCE: (Net Income)</b>	<b>APPLICANT:</b>	<b>SPOUSE:</b>
Social Security:	\$ _____	\$ _____
Pension & Retirement:	\$ _____	\$ _____
Wages:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Interest Income:	\$ _____	\$ _____
Other Income: Annuities, IRA Distributions, Dividends, Etc.	\$ _____	\$ _____
<b>TOTAL INCOME:</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Please provide all Form 1099's for Social Security income and the other incomes shown above.**

**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 the applicants spouse **was not required** to file a Federal Income Tax Return: \_\_\_\_\_

**ASSETS:**

Please list all assets owned (self & spouse) and provide statements showing the value of each asset as of December 31 of the tax year.

Checking, 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	_____
_____	Savings	_____
_____	CD	_____
_____	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 \$ \_\_\_\_\_

**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 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 and that this is my primary place of abode per RSA 79:39-a(c). 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 Hampstead**. 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 APPLICATION AND ALL SUPPORTING DOCUMENTATION BY APRIL 15<sup>th</sup> OF THE QUALIFYING TAX YEAR**

**\*\*\*Note: Completed and approved applications received by APRIL 15<sup>th</sup> will be reflected on the July tax bill.**