TOWN OF HAMPSTEAD 11 Main St. Hampstead, NH 03841

ELDERLY 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 <u>all supporting</u> <u>documentation</u>. 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 <u>Income and Asset Limits</u> when considering submission of your application:

INCOME LIMITS: Single \$40,000 Married \$70,000

ASSET LIMITS: Single \$100,000 Married \$100,000

If you hold a **Life Estate** in the property or your property is owned by a **Trust**, you must also submit a completed form PA-33 (Statement of Qualification) <u>and</u> submit a copy of the deed showing the assigned ownership of the life estate <u>or</u> a copy of the Declaration of Trust, including a list of beneficiaries <u>or</u> a completed Certification of Trust per RSA 564-B: 10-1013.

Please print all infor Please check one:		_ Existing App	
Applicant's Name:		and a state of the same with	
Age: Date	of Birth:		
Spouse's Name:		distance and a commentation of the first state.	
Age: Date	of Birth:	The second second is the	Y
Property Address:			
Mailing Address:			
Age: Date of Property Address:	of Birth:		

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Please list the amount of <u>all income</u> for the year for both you and your spouse.

SOURCE:	APPLICANT:	SPOUSE:
Social Security:	\$	\$
Pension & Retirement:	\$	\$
Wages:	\$	\$
Rental Income:	\$	\$
Interest Income:	\$	\$
Other Income: Annunities, IRA Distributions, Dividends,		\$
TOTAL INCOME:	\$	\$

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 f	ile a
Federal Income Tax Return:					

ASSETS:

Please list all assets owned (Self & Spouse) and provide statements showing the value of each asset as of <u>December 31</u> of the tax year.

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

INSTITUTION NAME:		TYPE:	VALUE/AMOUN	I manifesta
		Checking Savings		Contract
		CD		THE SPICE OF
		IRA		
		Other		inches de la companya
	HICLES: Make / Model / Yea	r / Mileage		
			Est. Value	\$
B.	Make / Model / Yea	r / Mileage		
			Est. Value	\$
C.	Boat / Model / Year		Est. Value	\$
D.	RV / Model / Year		Est. Value	\$
E.	Other / Description			\$
acre	AL ESTATE: (not includes or the minimum sindinance.)		•	
Pro	perty Type	b. 30	In Town/State _	
	**Provide copy of ta	AX DIII.	Est. Value	\$
		TOTAL OF A	LL 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 15th OF THE QUALIFYING TAX YEAR

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