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: ________________________________

Town Address: ______________________________

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 [$ ]  Married [$ ]

ASSET LIMIT:     Single [$ ]  Married [$ ]

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 both you and your spouse.

<table>
<thead>
<tr>
<th>SOURCE:</th>
<th>Applicant:</th>
<th>Applicant’s Spouse:</th>
<th>Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security:</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Pension &amp; Retirement</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Wages:</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Rental Income:</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Income/Annuities:</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Interest Income:</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**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.

If you have any questions about the form, please contact our office.

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.)

<table>
<thead>
<tr>
<th>INSTITUTION NAME:</th>
<th>TYPE:</th>
<th>VALUE/AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Checking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Savings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Savings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IRA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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Elderly Exemption Worksheet
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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 QUESTIONNAIRE BY ___________/ ___________/ ___________, THANK YOU.