



TOWN OF NEW DURHAM, NEW HAMPSHIRE

PO Box 207, 4 Main Street, New Durham, NH 03855

Disabled Exemption Application Worksheet

To be completed by owner seeking Tax Exemption, Per RSA 72:37-b

Filing Deadline: April 15th

Owner's Name: _____ Owner's Date of Birth: _____
Co-Owner/Spouse Name: _____ Co-Owner's Date of Birth: _____
Property Address: _____ Tax Map/Lot _____
Mailing Address: _____
Single _____ Widowed _____ Married _____ If married, how many years? _____
Is this your primary residence? Yes _____ No _____ If yes, how many years? _____
Life Estate/Trust Name (if applicable): _____
(If property is owned by a Trust, a PA-33 must be completed with a full copy of Trust)

Is property owned: Solely _____ Jointly _____ Is the property a multi-family home? Yes _____ No _____
Do you have a mortgage? Yes _____ No _____ If yes, balance \$ _____
Are you receiving a deduction or exemption from any other City or Town? Yes _____ No _____

INCOME INFORMATION for the period of January 1 to December 31

Please answer all questions; if any of the following categories do not apply, please write N/A.

Supporting documents must be submitted with this application; items in bold are examples of supporting documents and are not limited to the ones listed.

Table with 3 columns: Category, Owner, Co-Owner (Spouse). Rows include Social Security (1099-SSA), Social Security Disability Income, VA Benefits (Pension/Disability Income), Wages/Salaries (W-2's), Tips (gross), Pensions (1099-r's), Annuities (1099-r's), 401K, IRA's (1099-r's), All Interest Income (1099-INT), All Dividend Income (1099-DIV), Real Estate Rental Income (Annual Amount), Other Income (Fuel, Electric, SSI, gambling), Is anyone other than spouse or co-owner living with you?, and If yes, please list amount of assistance received.

TOTAL YEARLY INCOME \$ _____

OTHER RECEIVABLES (These are NOT counted towards income)

1. Proceeds from sale of assets (home, stock, bonds, etc.) \$ _____

Annuity Acct # (last 4-digits)	Bank/Institution Name	Balance

Stock/Bonds Acct # (last 4-digits)	Bank/Institution Name	Cash Out Value

Life Insurance Policy #	Insurance Co./Institution Name	Cash Out Value

14. Other Assets (Explain): _____ Value: _____
 Assets disclosed by the applicant on this application will be verified through all resources available to the
 Town of New Durham Assessing Department.

TOTAL CURRENT ASSETS \$ _____

15. Are you required to file an income tax return? Yes _____ No _____
If yes, a full copy needs to be submitted with your application.

16. Did you file a State of NH Interest and Dividend tax form? Yes _____ No _____



I/We swear, under penalty of perjury, and certify that the information provided in the application, including income and asset statements, is true to the best of my/our knowledge.

I/We understand that any misrepresentation or omission of information may result in denial of this exemption and/or repayment of any funds received by this exemption. Failure to file this periodic statement may result in a loss of this exemption.

My/Our signature(s) below constitute(s) the granting of my/our authority for the Town of New Durham, NH, to obtain verification and/or proof from all sources concerning my/our household's circumstances.

 Owner's Signature Date Co-Owner's Signature Date

 Printed Name Printed Name

Telephone Number: _____ **Date Reviewed:** _____ **Initials:** _____