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 of Rindge

Town Address: 30 Payson Hill Rd. Rindge, NH 03461

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 **$** 35,000	Married **$** 49,000
ASSET LIMIT:	Single **$** 150,000	Married **$** 150,000

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: _____

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.

SOURCE: (Net income)	**Applicant:**	**Applicant's Spouse:**	**Supporting Documentation**
Social Security	$ _____	$ _____	_____
Pension & Retirement	$ _____	$ _____	_____
Wages	$ _____	$ _____	_____
Rental Income	$ _____	$ _____	_____
Other Income/Annuities	$ _____	$ _____	_____
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 by yourself and 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	☐	_____

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 _____

*** Please Provide Copy of Property Tax Bill Est. Value $ _____

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 $_____

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 of Rindge**. I release all persons whomsoever from any liability resulting from the release of this information.

Applicant's signature: _____

Printed name: _____ Date: _____

Spouse's signature: _____

Printed name: _____ Date: _____

Phone number 1: _____ Phone number 2: _____

PLEASE RETURN THIS QUESTIONNAIRE BY: ____ / _____ / _____

THANK YOU. THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER 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).