



Assessment Office
58 Opera House Square
Claremont, New Hampshire 03743
(603) 542-7004 fax (603) 542-7014
Hours: Monday through Friday, 8 AM to 12:30; 1:30 PM to 5

DISABLED EXEMPTION INFORMATION

DISABLED EXEMPTIONS (RSA 72:37-b) <DIS/DIS2>

- Any person who is eligible under Title II or Title XVI of the Federal Social Security Act for benefits to the disabled shall receive a yearly exemption in an amount to be chosen by the City. **A letter from the Social Security Administration stating that the Applicant is receiving Title II or Title XVI benefits must be attached to the application.**
- Must be a resident of New Hampshire for the last five consecutive years preceding April 1st in the year of application.
- Must own the residence individually or jointly, or if a spouse owns the residence, you must be married for at least five years.
- Yearly Net Income: Married \$26,600, single \$19,600 (excluding business expenses and costs, life insurance proceeds on the death of an insured, or proceeds from the sale of assets).
- Must not have assets in excess of \$35,000 excluding the value of the residence and the accepted lot.
- The exemption may be applied only to the property that is occupied as the principle place of abode by the Applicant.

An Applicant meeting the above requirements will receive a \$19,250 property value exemption.

Documentation of all assets and income, along with a letter indicating Title II or Title XVI benefits from social security, must be furnished to the assessors office at the time the application is returned. It is the responsibility of the taxpayer to properly apply for any exemption or deferral program and to provide documentation of all assets and income.

Application deadline for exemptions and credits is April 15th of the current year. Application deadline for a tax deferral is March 1st following the date of notice of tax.

*****IMPORTANT*****

Notify the Assessment Office of any address changes to insure exemptions are applied to your current residence and for accurate mailing of tax bills.

The Assessment Office must be notified of any changes in asset and/or income status.

The preceding criteria are a guideline and may change at any time without prior notification. Also, additional criteria may be required for certain exemptions/credits.



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INCOME AND ASSET VERIFICATION FOR DISABLED EXEMPTION

PLEASE PROVIDE THE FOLOWING INFORMATION:

Applicant Name: _____

Spouse Name: _____

Property Address: _____

Mailing Address: _____

Telephone Number: _____

Married Date of Marriage ___/___/___ Single/Widowed

Applicant's Date of Birth ___/___/___ Spouse's Date of Birth ___/___/___

Applicant has been a legal resident of New Hampshire since _____

Residence is owned: Solely , with Spouse , in Trust , with Others as Joint Tenants , with Others as Tenants in Common (If in Trust, you must provide a complete copy of all Trust documentation in order to determine eligibility.)

ANNUAL INCOME INFORMATION (Provide Documentation)

- 1. Gross Wages: \$ _____
- 2. Social Security \$ _____
- 3. Pension/Retirement: \$ _____
- 4. All Interest/Dividends: \$ _____
- 5. Rental Income: \$ _____
- 6. Other Income/Annuities: _____ \$ _____
- 7. Total Annual Income: \$ _____

8. Have you ever, or are you now, receiving any exemption from any community in New Hampshire or other state? Yes No
(If yes, list community and state _____)

9. Have you filed a NH Interest & Dividends return? Yes No
Have you filed a Federal IRS return for the most recent tax year? Yes No
(If no, in what year was the last return filed? _____)

ASSET INFORMATION (Provide Documentation)

10. Value in Savings Accounts: \$ _____

11. Value in Checking Accounts: \$ _____

12. Stocks, Bonds, Mutual Funds: \$ _____

13. Certificates of Deposit, IRA/401K, Money Market, etc.: \$ _____

14. Vehicles, Boats, Tractors, Campers, RV's:

Make/Model _____ Year _____ \$ _____

Make/Model _____ Year _____ \$ _____

Make/Model _____ Year _____ \$ _____

Make/Model _____ Year _____ \$ _____

15. Personal Property: \$ _____
(Estimate value of furniture, antiques or other collectibles, jewelry, furs, etc.)

16. Real Estate:

Value of Primary Residence: \$ _____

Mortgage Lender and Balance: _____ \$ _____

ALL OTHER REAL ESTATE OWNED IN NEW HAMPSHIRE

Town: _____ Value: \$ _____

Town: _____ Value: \$ _____

ALL OTHER REAL ESTATE OWNED OUTSIDE OF NEW HAMPSHIRE

Location: _____ Value: \$_____

Location: _____ Value: \$_____

Under the penalties of perjury, I hereby declare that the above statements are true, that I have been a resident of New Hampshire for the last five consecutive years preceding April 1st, and that the property on which the exemption is claimed is my residential real estate and principle place of residence.

I further authorize any agency or financial institution to release information about me or copies of my records to the Assessing Office of the City of Claremont, New Hampshire and release all persons whomsoever from any liability resulting from the release of this information.

SIGNATURE OF APPLICANT

DATE

STATEMENT OF QUALIFICATION
For Property Tax Credit or Exemption Under
RSA 72:33, V
(to be submitted with Form PA-29)

WHO To be completed by property owners wishing to establish their status as holding equitable title/the beneficial interest owner of a trust, or holding a life estate in a property.

WHY Chapter 102, Laws of 1994 has made it possible for a property owners to put their property into a trust or life estate and still be eligible for the property tax credit or exemption for which they were qualified.

WHEN This completed form shall be submitted with the Permanent Application form PA-29 (RSA 72:33) for property tax credit or exemption, to the local assessing officials of the city or town in which such application is filed. The completed Form PA-33 becomes permanent document and does not need to be refilled unless the status of the trust or life estate is changed or altered.

(Please Print)

NAME: _____

MAILING ADDRESS: _____
(street or po box) (municipality) (state & zip code)

LOCATION OF PROPERTY: _____
(address) (municipality)

I am eligible for a property tax credit or exemption against the property for which a Permanent Application Form PA-29, has been made, and do qualify as the owner of the property under 72:29, VI based upon the following: (Please Check One)

equitable title holder, life estate or beneficial interest owner of a trust.
A copy of the Declaration of Trust, including a list of beneficiaries must accompany this statement.

life estate owner.
A copy of the deed showing the assigned ownership of the life estate must accompany this statement.

Explanation or additional details: _____

I certify, under the penalty of perjury, that information I have provided above is true and correct.

Signature of Applicant

Date