

**Property Tax Exemption for the Disabled. (RSA 72:37-b)**  
**Qualifying Criteria**

- 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.**
- The Applicant must be a resident of New Hampshire for the last five consecutive years preceding April 1<sup>st</sup> in the year of application.
- The Applicant must own the residence individually or jointly, or if a spouse owns the residence, you must be married for at least five years.
- The Applicant must have a net income of less than \$13,400 if single, or a combined net income of less than \$20,400 if married, including Social Security.
- The Applicant 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 \$5,000 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.**

**INCOME AND ASSET VERIFICATION FOR DISABLED EXEMPTION**

**PLEASE PROVIDE THE FOLOWING INFORMATION:**

1. Applicants Name: \_\_\_\_\_

2. Property Address: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_

Residence Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

Applicant's Date of Birth \_\_\_/\_\_\_/\_\_\_ Spouse's Date of Birth \_\_\_/\_\_\_/\_\_\_

5 Applicant has been a legal resident of New Hampshire since \_\_\_\_\_

6 Residence is owned: Solely  with Spouse  with Others  in Trust   
(If with Others, please indicate whether as joint tenants with rights of survivorship or tenants in common.  
If in Trust, you must provide a complete copy of all Trust documentation in order to determine eligibility.)

**ANNUAL INCOME INFORMATION**

7 Gross Wages: \$ \_\_\_\_\_

8 Pension/Retirement: \$ \_\_\_\_\_

9 All Interest/Dividends \$ \_\_\_\_\_

10 Rental Income: \$ \_\_\_\_\_

11 Other: \_\_\_\_\_ \$ \_\_\_\_\_

12 Total Annual Income: \$ \_\_\_\_\_

**ASSET INFORMATION**

- 13 Value in Savings Accounts: \$ \_\_\_\_\_
- 14 Value in Checking Accounts: \$ \_\_\_\_\_
- 15 Stocks, Bonds, Mutual Funds: \$ \_\_\_\_\_
- 16 Certificate of Deposit,  
IRA/401K, or Money Market: \$ \_\_\_\_\_
- 17 Personal Property: \$ \_\_\_\_\_  
(Estimate value of furniture, antiques or other collectibles, jewelry, cars, trucks, trailers, tractors, R.V.'s, boats, furs, etc.)

18 VALUE OF REAL ESTATE OWNED:

Primary Residence: \$ \_\_\_\_\_ Mortgage Amount: \$ \_\_\_\_\_

ALL OTHER REAL ESTATE OWNED IN NEW HAMPSHIRE

Town: \_\_\_\_\_ Assessed Value: \$ \_\_\_\_\_

Town: \_\_\_\_\_ Assessed Value: \$ \_\_\_\_\_

ALL OTHER REAL ESTATE OWNED OUTSIDE OF NEW HAMPSHIRE

Location: \_\_\_\_\_ Assessed Value: \$ \_\_\_\_\_

Location: \_\_\_\_\_ Assessed 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 1<sup>st</sup>, and that the property on which the exemption is claimed is my residential real estate and principle place of residence.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**RETURN COMPLETED FORM TO: City of Claremont, Office of the Assessor  
58 Opera House Square  
Claremont, NH 03743**

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)

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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: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date