



Disabled Exemption Application (RSA 72:37-B)

(Income and Asset Statements from previous year)

Applications accepted after January 1st - **Filing deadline is April 15th**

INCOME LIMITS:	Single: \$19,600	Married: \$26,600
ASSET LIMIT:	Single: \$35,000	Married: \$35,000

New Applicant Existing/Review (Please Check One)

Personal Information

Date of NH residence? _____ **Must be a NH Resident at least 5yrs by April 1st**

Are you receiving tax exemptions or credits on any other property in/out of State Y/N _____

Map/Lot _____ Property Address _____

Owner/Applicant Name _____ Date of Birth _____

Co-Owner/Spouse Name _____ Date of Birth _____

Additional Owner _____ Relationship _____

Mailing Address _____ City/ State _____ Zip _____

Telephone Number _____ Cell phone _____

Is the applicant married? _____ If yes, date of marriage? _____

Note: If owned by Trust you must complete a Form PA-33 and submit a copy of your trust 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. If Life Estate, submit PA-33 and copy of the deed showing the assigned ownership of the life estate.

Annual Income Information

Income Type (Gross)	Owner	Spouse/Co-Owner
Social Security	_____	_____
VA Benefits	_____	_____
Wages / Salary	_____	_____
Pension/Annuity/401K	_____	_____
Interest Income	_____	_____
Dividend Income	_____	_____
Rental Income	_____	_____
Any Other Income	_____	_____
Total Annual Income	_____	_____

Note: Supporting documentation is required to verify yearly income amounts.
If you filed a tax return, please provide a copy of your IRS Tax Return

Asset Information

Note: Supporting documentation is required and must include October-December financial statements.

Asset Type	Owner	Spouse/Co-Owner
Checking	_____	_____
Savings	_____	_____
CD Account	_____	_____
I.R.A.	_____	_____
Stocks / Bonds	_____	_____
Other	_____	_____
Total Assets	_____	_____

Note: Vehicles include Automobiles, Campers, RV's, ATV's, Boats, Snowmobiles, Motorcycles, etc.

Vehicle 1:	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
	(Year)	(Make)	(Model)	(Miles)	(Value)
Vehicle 1:	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
	(Year)	(Make)	(Model)	(Miles)	(Value)
Vehicle 1:	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
	(Year)	(Make)	(Model)	(Miles)	(Value)
Total					_____

Other Real Estate _____ / _____ / _____
(Address/Location) (City/Township) (State)

Other Real Estate Value _____

Total Assets \$ _____

Total Annual Income (From Page 1) \$ _____

- I/We, the undersigned, agree to repay the City of Claremont, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information may result in denial of exemption from the City of Claremont, NH.
- **ANY CHANGE IN HOUSEHOLD CIRCUMSTANCES (INCOME OR ASSETS) MUST BE REPORTED TO THE ASSESSOR'S OFFICE WITHIN THIRTY DAYS.** Failure to do so may result in the suspension of assistance. I/We swear, under penalty of perjury, and certify that the information provided in this Application, including Income and Asset statements, is true to the best of my/our knowledge.
- My signature(s) below constitute(s) the granting of my/our authority for the City of Claremont, NH to obtain verification and/or proof from all sources concerning my/our household's circumstances.

 Owner Signature Date

 Co-Owner Signature Date