



# Elderly Exemption Application (RSA 72:39-a)

(Income and Asset Statements from previous year)

**Applications accepted after January 1<sup>st</sup> - Filing deadline is April 15<sup>th</sup>**

**INCOME LIMITS:** Single: \$19,600 Married: \$26,600

**ASSET LIMIT:** Single: \$50,000 Married: \$50,000

New Applicant Existing/Review (Please Check One)

## Personal Information

Date of NH residence? \_\_\_\_\_ **Must be a NH Resident at least 3yrs by April 1<sup>st</sup>**

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	_____	_____
<b>Total Annual Income</b>	_____	_____

**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	_____	_____
<b>Total Assets</b>	_____	_____

**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