



Disabled Exemption Application (RSA 72:37-b)

Applications accepted 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

New Hampshire resident since _____

Prior address if less than 5 years _____

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 _____

Married ___ Single ___ Widow ___ Divorced ___ If married, how many years? _____

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

Life Estate or Trust Name* _____

** **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	Co-Owner/Spouse
Social Security	\$	\$
VA Benefits	\$	\$
Pension & Retirement	\$	\$
Wages / Salary	\$	\$
IRA & 401k Distributions, Annuities	\$	\$
Interest Income	\$	\$
Dividends Received	\$	\$
Other Income <small>(includes alimony, child support)</small>	\$	\$
Rental Income <small>(includes financial assistance from persons living in house)</small>	\$	\$
Fuel, Electric, Rental and/or any other Assistance	\$	\$
Total Annual Income	\$	\$

Note: Supporting documentation is required to verify yearly income amounts.

Did you file an IRS Tax Return for 2016? Yes ___ No ___ If yes, attach a copy to this application.

Asset Information

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

Asset Type	Owner	Co-Owner/Spouse
Checking Account(s)	\$	\$
Savings Account(s)	\$	\$
CD Account(s), IRA/401k, Money Market(s)	\$	\$
Stocks / Bonds	\$	\$
Annuities	\$	\$
Other	\$	\$
Total Assets	\$	\$

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

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

Vehicle 2: _____ / _____ / _____ / _____ / _____
(Year) (Make) (Model) (Miles) (Value)

Vehicle 3: _____ / _____ / _____ / _____ / _____
(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