



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

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

<b>INCOME LIMITS:</b>	Single: \$22,000	Married: \$29,000
<b>ASSET LIMIT:</b>	Single: \$60,000	Married: \$60,000

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	\$	\$
<b>Total Annual Income</b>	<b>\$</b>	<b>\$</b>

**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	\$	\$
<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 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