

INCOME VERIFICATION FOR ELDERLY EXEMPTION

Town of Ossipee assessing officials are requesting that you complete the following questionnaire that pertains to your elderly exemption. Pursuant to RSA 72:34, the assessing officials may request the following information at the time of the application, or, pursuant to RSA 72:33, VI, the assessing officials may request the information annually for existing exemptions.

Failure to provide the requested information may result in denial of the application and failure to file the requested periodic statements may result in a loss of the exemption for that tax year.

NH RSA 72:34 - Investigation of Application and Decision by Town Officials

- I. On receipt of an application provided for in RSA 72:33, the selectmen or assessors shall examine it as to the right to the tax exemption, tax deferral or tax credit, the ownership of the property listed and, if necessary, the encumbrances reported.
- II. For those exemptions having income or asset limitations, the assessing officials may request true copies of any of the following, as needed to verify eligibility. Any documentation submitted shall be considered confidential, handled so as to protect the privacy of the applicant and returned to the applicant at the time a decision is made on the application. The documents are:
 - (a) Federal income tax form;
 - (b) State interest and dividends tax form; and
 - (c) Property tax inventory form filed in any other town.

NH RSA 359-C shall not apply to the documents requested for verification under this section.

- III. The assessing officials shall grant the exemption, deferral, or tax credit if:
 - (a) They are satisfied that the applicant has not willfully made any false statement in the application for the purpose of obtaining the exemption, referral, or tax credit; and
 - (b) The applicant cooperated with their request under paragraph II, if it applies.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- 1. Applicants Name: _____
- 2. Property Address: _____
- 3. Mailing Address: _____
- 4. Telephone Number: _____

Residence Tax Map # _____ Lot # _____ # of acres _____

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

ANNUAL INCOME VERIFICATION

- 7. Gross Wages: _____
- 8. Social Security: _____

- 9. Pension/Retirement: _____
- 10. All Interest/Dividends: _____
- 11. Rental Income: _____
- 12. Other Income: _____
- 13. TOTAL ANNUAL INCOME: _____
- 14. Do you receive social security disability benefits? _____Yes _____No
(If yes, please provide a copy of letter of notification of benefits)
- 15. Do you currently receive welfare assistance? _____Yes _____No

ASSET INFORMATION

	SELF	SPOUSE
16. Value in savings accounts:	\$ _____	\$ _____
17. Value in checking accounts:	\$ _____	\$ _____
18. Stocks, bonds, mutual funds:	\$ _____	\$ _____
19. CD, IRA/401K, or money market	\$ _____	\$ _____
20. Personal property (Estimate value of furniture, antiques or other collectibles, jewelry, cars, trucks, trailers, tractors, RV's, boats, etc.)	\$ _____	\$ _____
21. Value of primary residence: \$ _____ Mortgage Amount: \$ _____		
22. ALL OTHER REAL ESTATE OWNED IN NEW HAMPSHIRE		
Town: _____ Assessed Value \$ _____ Mortgage \$ _____		
Town: _____ Assessed Value \$ _____ Mortgage \$ _____		
23. OTHER REAL ESTATE OWNED IN U.S.A. OR OTHER COUNTRY		
Town: _____ State: _____ Country: _____		
Town: _____ State: _____ Country: _____		

I do hereby certify that the above information is a true and correct statement of my spouse's and/or my financial condition to the best of my knowledge.

Applicant Signature

Date

Return completed form to:
Town of Ossipee
Assessing Department
PO Box 67
Center Ossipee, NH 03814