ELDERLY TAX EXEMPTION QUALIFICATIONS WORKSHEET

(MAY BE USED FOR REQUALIFICATIONS. MAY ALSO BE USED FOR BLIND, DEAF OR DISABLED EXEMPTIONS WITH 3 YEAR NH RESIDENCY REQUIREMENT)

Date: _____

Town of Ossipee

RSA 72:33, VI allows Selectmen or Assessing Officials to require those receiving tax exemptions or credits to re-file their qualifying information periodically but no more frequently than annually. Failure to file such periodic statements may, at the discretion of the Assessing Officials, result in a loss of the exemption or tax credit for that year.

This worksheet is to be completed and submitted along with completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application. Please note the following **Income and Asset Limits** when considering submission of your application:

INCOME LIMITS: Single **$28,000** Married **$39,000**

ASSET LIMIT: Must not own assets in excess of $60,000 excluding the value of primary residence.

If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA33 (Statement of Qualification) **and** submit a copy of the deed showing the assigned ownership of the life estate **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.

Please print all information clearly:

Applicant's Name: _____

Spouse's Name: _____

Property Address: _____

Mailing Address: _____

Phone Number: _____

Date of NH Residency_____

(Three-year NH residency for elderly exemption, Five-year NH residency for all other exemptions.)

INCOME:

Please list the source and amount of all income for year for both you and your spouse.

SOURCE: (Net income)	**Applicant:**	**Applicant's Spouse:**	**Supporting Documentation**
Social Security:	$_____	$_____	_____
Pension & Retirement	$_____	$_____	_____
Wages:	$_____	$_____	_____
Rental Income:	$_____	$_____	_____
Other Income/Annuities:	$_____	$_____	_____
Interest Income:	$_____	$_____	_____
TOTAL INCOME:	**$_____**	**$_____**	

If you have filed any of the following – please provide a copy.

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form
3. Any other documents as needed to verify eligibility

_____Check here if the applicant or applicant's spouse was **not** required to file a Federal Income Tax Return.

ASSETS:

Please list all assets owned (Self & Spouse)

Savings Accounts or Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars etc.)

INSTITUTION NAME:	TYPE:	VALUE/AMOUNT
_____	Checking _____	_____
_____	Savings _____	_____
_____	Savings _____	_____
_____	IRA _____	_____
_____	Other _____	_____

VEHICLES:

A. Make_____ Model_____ Year_____

Mileage _____Est. Value $_____

B. Make_____ Model_____ Year_____

Mileage _____Est. Value $_____

C. Boat_____ Model_____ Year_____

Est. Value $_____

D. RV_____ Model_____ Year_____

Mileage _____Est. Value $_____

E. Other / Description _____ Est. Value $_____

F. Other / Description _____ Est. Value $_____

REAL ESTATE: (**not including your primary residence and up to the greater of 2 acres of land)**

Property Type _____ in Ossipee, NH

**Please provide copy of your property tax bill.

Estimated Value $_____

TOTAL OF All ASSETS $_____

I swear, under penalty of perjury, that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the Town of Ossipee. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

TELEPHONE NUMBER: _____

_____ ____ _____

THIS QUESTIONAIRE WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMSSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).