TOWN OF DUNBARTON 1011 School Street Dunbarton, NH 03046

ELDERLY TAX EXEMPTION QUALIFICATION

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 \$20,000 Married \$30,000

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

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) <u>and</u> submit a copy of the deed showing the assigned ownership of the life estate <u>or</u> a copy of the Declaration of Trust, including a list of beneficiaries

Please print all information clearly:		
Applicant's Name:		
Spouse:		
Property Address:		
Mailing Address:		

INCOME:

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

SOURCE : (Net income)	OWNER #1:	OWNER #2:
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

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:	<u>VALUE/AMOUNT</u>			
	Checking					
	Savings		<u> </u>			
	Savings		<u> </u>			
	IRA					
	Other					
VEH A.	HICLES: Make / Model / Year /	Mileage				
			Est. Value \$			
B.	Make / Model / Year /	Mileage				
			Est. Value \$			
C.	Boat / Model / Year		Est. Value \$			
D.	RV / Model / Year		Est. Value \$			
E.	Other / Description		Est. Value \$			
REAL ESTATE: (not including your primary residence)						
			in Town/State			
	**Provide copy of tax I	OIII.	Est. Value \$			
			TOTAL ASSETS \$			

*** Note: Complete applications received by APRIL 15th will be reflected on the June Tax bill.

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 Dunbarton**. I release all persons whomsoever from any liability resulting from the release of this information.

SIGNATURE:	DATE:
PRINTED NAME:	
SIGNATURE:	_DATE:
PRINTED NAME:	
TELEPHONE NUMBER:	

PLEASE RETURN THIS QUESTIONAIRE BY APRIL 15TH, THANK YOU.