



TOWN OF NEW DURHAM, NEW HAMPSHIRE

PO Box 207, 4 Main Street, New Durham, NH 03855

Elderly Exemption Application Worksheet

To be completed by owner seeking Tax Exemption, Per RSA 72:39-a

Filing Deadline: April 15th

Owner's Name: _____ Owner's Date of Birth: _____
 Co-Owner/Spouse Name: _____ Co-Owner's Date of Birth: _____
 Property Address: _____ Tax Map/Lot _____
 Mailing Address: _____
 Single _____ Widowed _____ Married _____ If married, how many years? _____
 Is this your primary residence? Yes ___ No ___ If yes, how many years? _____
 Life Estate/Trust Name (if applicable): _____
(If property is owned by a Trust, a PA-33 must be completed with a full copy of Trust)

Is property owned: Solely ___ Jointly ___ Is the property a multi-family home? Yes ___ No ___
 Do you have a mortgage? Yes ___ No ___ If yes, balance \$ _____
 Are you receiving a deduction or exemption from any other City or Town? Yes ___ No ___

INCOME INFORMATION for the period of **January 1 to December 31**

Please answer all questions; if any of the following categories do not apply, please write N/A.

Supporting documents must be submitted with this application; items in bold are examples of supporting documents and are not limited to the ones listed.

	Owner	Co-Owner (Spouse)
1. Social Security (gross, annual) (1099-SSA)	\$ _____	\$ _____
2. Social Security Disability Income	\$ _____	\$ _____
3. VA Benefits (Pension/Disability Income)	\$ _____	\$ _____
4. Wages/Salaries (gross) (W-2's)	\$ _____	\$ _____
Tips (gross)	\$ _____	\$ _____
5. Pensions (1099-r's)	\$ _____	\$ _____
Annuities (1099-r's)	\$ _____	\$ _____
401K, IRA's (1099-r's)	\$ _____	\$ _____
6. All Interest Income (of all accounts) (1099-INT)	\$ _____	\$ _____
7. All Dividend Income (of all accounts) (1099-DIV)	\$ _____	\$ _____
8. Real Estate Rental Income (Annual Amount)	\$ _____	
9. Other Income (Fuel, Electric, SSI, gambling)	\$ _____	
10. Is anyone other than spouse or co-owner living with you?	Yes ___ No ___	
11. If yes, please list amount of assistance received	\$ _____	
If yes, please list amount of bills, or rent paid annually	\$ _____	
TOTAL YEARLY INCOME	\$ _____	

OTHER RECEIVABLES (These are NOT counted towards income)

- 1. Proceeds from sale of assets (home, stock, bonds, etc.) \$ _____
- 2. Business enterprise expenses & costs \$ _____
- 3. Life Insurance payments received \$ _____

CURRENT ASSET INFORMATION as of December 31st. All items must be answered, therefore, if any of the following categories do not apply, please write N/A.

12. Do you own (individually, jointly, in common, fractional, etc.) any other real estate in the United States or anywhere else, including homes, land, manufactured homes, or time share? Yes No

If yes, other Real Estate: _____
 (Street Address, City/Town/State) Market Value

Other Personal Property (a) _____
 Description Value
 (b) _____
 Description Value

- 13. Vehicle 1 Year: Make: Model: Value:
- Vehicle 2 Year: Make: Model: Value:
- Boat/RV Year: Make: Model: Value:
- Other/Description: _____ Value: _____

Please provide all pages of the last 3-months statements from all accounts or annual Asset statement

Checking Acct # (last 4-digits)	Bank/Institution Name	Balance

Savings Acct # (last 4-digits)	Bank/Institution Name	Balance

CD Acct # (last 4-digits)	Bank/Institution Name	Balance

Money Market Acct #	Bank/Institution Name	Balance

IRA Acct # (last 4-digits)	Bank/Institution Name	Balance

