



City of Laconia, NH
 Elderly Exemption Worksheet
 Application for Tax Year _____

OFFICIAL USE ONLY				
Parcel ID	_____			
EX Group	Eld1	Eld2	Eld3	
Income	_____		Assets	_____
Granted	Denied			
Reviewed by	_____		Date	_____

Deadline to apply: April 15th

The Exemption Worksheet must be completed in order to qualify under the requirements of RSA 72:33, VI. This worksheet and Form PA-29, application for tax exemption, must be completed and submitted with supporting documentation no later than April 15th.

Applicant Name _____ Telephone # _____ Photo ID _____

Applicant Date of Birth _____ Email Address _____

Spouse Name _____ Telephone # _____ Photo ID _____

Spouse Date of Birth _____ Email Address _____

Mailing Address _____

Winter or Alternate Address _____

Marital Status (circle one) Married ____ # of years Single Divorced Widow/er

Property address of which exemption is sought _____

Property Type (circle one) Single Family Single Family w/apt Multi-Family (____ # of units)

I own my property (circle one) Jointly In common Solely Revocable Trust Irrev. Trust Life Estate

I have been a legal resident of NH since _____ I have owned my property for _____ years.

List your primary residence/s for the last five (5) years _____

Is the applicant or spouse a trustee or beneficiary of any trust? YES NO If YES, complete below
TRUSTEE **BENEFICIARY** Name of Trustee/Beneficiary and Trust _____

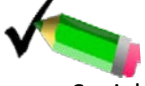
Do you have a reverse mortgage or have you refinanced your home in the past year? YES NO
 If YES, amount received this year \$ _____ Date Received _____

Will you be filing a federal income tax return this year? YES NO, if NO you must submit IRS 4506T Form

Will you be filing an interest and dividend tax return to the State of New Hampshire? YES NO

INCOME MAY NOT EXCEED \$25,000 INDIVIDUALLY, \$35,000 FOR A MARRIED COUPLE

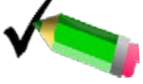
I Receive:



	<u>Applicant</u> Total Annual	<u>Spouse</u> Total Annual	<u>Documentation Needed</u>
_____ Social Security	_____	_____	SSA-1099
_____ SSI (Supplement Security income)	_____	_____	Benefit Statement
_____ Pension/Retirement	_____	_____	1099-R
_____ Pension/Retirement	_____	_____	1099-R
_____ Veteran Benefits	_____	_____	VA Benefit Statement
_____ Employment/wages	_____	_____	W2 or 1099
_____ Employment/wages	_____	_____	W2 or 1099
_____ Rental Income	_____	_____	Lease & Tax Return
_____ Room & Board/Stipend	_____	_____	Statement from area agency
_____ Dividends	_____	_____	1099-DIV
_____ Dividends	_____	_____	1099-DIV
_____ Interest	_____	_____	1099-INT
_____ Interest	_____	_____	1099-INT
_____ Alimony/child support	_____	_____	Court order or statement
_____ Business/Self Employ Income	_____	_____	Complete Tax Return
_____ Disability Insurance	_____	_____	Benefit Statement
_____ Workers Compensation	_____	_____	Benefit Statement
_____ Unemployment benefits	_____	_____	1099
_____ Food Stamps	_____	_____	Benefit Statement DHHS
_____ Fuel Assistance	_____	_____	Community Action Statement
_____ Other Gov't Assistance	_____	_____	Benefit Statement DHHS
_____ Housing Authority Payments	_____	_____	1099
_____ Trust Income	_____	_____	1099 or Statement
_____ Royalties	_____	_____	1099
_____ Other income	_____	_____	as applicable
TOTALS	_____	+ _____	_____

ASSETS MAY NOT EXCEED \$75,000 NOT INCLUDING YOUR PRIMARY RESIDENCE UP TO 2 ACRES

I Have:



	<u>Bank/Company</u> <u>Acct #</u>	<u>Applicant</u> Total Annual	<u>Spouse</u> Total Annual	<u>Documentation Needed</u>
_____ Checking Acct	_____	_____	_____	3 MOST RECENT COMPLETE BANK STATEMENTS
_____ Checking Acct	_____	_____	_____	
_____ Savings Acct	_____	_____	_____	
_____ Savings Acct	_____	_____	_____	
_____ Money Market Acct	_____	_____	_____	
_____ IRA	_____	_____	_____	
_____ IRA	_____	_____	_____	
_____ Certificate of Dep	_____	_____	_____	
_____ Certificate of Dep	_____	_____	_____	
_____ Stocks	_____	_____	_____	
_____ Savings Bonds	_____	_____	_____	
_____ Annuity	_____	_____	_____	
_____ Mutual Funds	_____	_____	_____	
_____ Shares	_____	_____	_____	
_____ Whole Life Insurance	_____	_____	_____	STATEMENT OF CASH VALUE
_____ Other	_____	_____	_____	AS APPLICABLE
_____ Other	_____	_____	_____	

Estimated value of household goods-appliances, furniture, yard equipment, etc. _____

Estimated value of personal items - jewelry, furs, coins, art, antiques, collectibles, etc. _____

Estimated value of business equipment: \$_____ Description of equipment: _____

VEHICLES (Includes Cars, Trucks, Motorcycles, Boats, Camper, RV's, Recreational

<u>Mileage</u>	<u>YR/Make/Model</u>	
_____	_____	REGISTRATION LOAN STATEMENT IF LOAN EXISTS
_____	_____	
_____	_____	

REAL ESTATE (In the applicant or spouse's name(s) EXCLUDE PRIMARY RESIDENCE (Up to 2 acres)

Includes other homes, excess land, add'l living units, timeshares, camp sites etc...

<u>TYPE</u>	<u>ADDRESS</u>	<u>OWNED BY:</u>	
_____	_____	_____	TAX BILL & LOAN STATEMENT SHOWING BALANCE
_____	_____	_____	
_____	_____	_____	
TOTALS		_____ + _____	

AFFIDAVIT

Please read, initial each line, and then sign below. If there is anything you do not understand, please ask our assessing staff for clarification.

Applicant **Spouse**

I hereby certify that the exemption worksheet with financial documentation submitted to the Laconia Assessing Department is complete, true and correct.

I certify that I do not claim residency in any other city or town, or any other state.

I certify that I have been a resident of NH for 3 consecutive years as of April 1st in the year I am applying for this exemption.

I certify under penalty of perjury that I am not receiving any other residential tax exemption or tax credit in any other community within NH and I am not receiving a similar benefit, such as a homestead exemption, in any other state.

I understand that if my income or assets change, there is a possibility I may no longer qualify for the tax exemption, and that I am under obligation to notify the Assessing Department.

If my marital status changes, I must notify the Assessing Department.

If I relocate within the City of Laconia, I must file and amended application with the Assessing Department as soon as possible, on or before December 1, immediately following the change in residence.

I understand that if I put my home in a TRUST, I will have to provide a copy of my trust to determine eligibility of the credit or exemption .

I understand that if I put my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit or exemption.

A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he/she makes any written false statement which h/she does not believe to be true, or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he/she submits or invites reliance on any writing which he/she knows to be lacking in authenticity. RSA 641:3

After my personal documents are reviewed by the Assessing Department for purposes of verifying my eligibility to receive the tax exemption, I would like said documents:

Shredded

Be called to pick up

I/We have read and understood the above statements. Any misrepresentation on my part may result in court action for recovery. I certify the information submitted is true and accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Spouse

Date

