

DISABLED EXEMPTION

To qualify for the disabled exemption; RSA 72:37b the person must be eligible under Title II or Title XVI of the Federal Social Security Act, must occupy the property as his principle place of abode, must own the property individually or jointly, or if owned by a spouse, they must have been married for at least 5 years, had in the calendar year preceding April 1 a net income from all sources of less than Thirteen Thousand Four Hundred Dollars (\$13,400.00) if single and Twenty Thousand Four Hundred Dollars (\$20,400.00) if married and own assets not in excess of Thirty Five Thousand Dollars (\$35,000.00) excluding the value of the actual residence and up to 2 acres or the minimum single family residential lot size specified in the local zoning ordinance.

Income Limitations: (From all sources, including social security)

- | | |
|------------|--------|
| A. Single | 13,400 |
| B. Married | 20,400 |

Asset Limitation:

35,000 (Excluding the value of the applicant's residence
up to two (2) acres of land with the residence)

Please provide the following documentation:

Applicants that filed an Income Tax Form:

1. SSA-1099 Statement (Social Security Benefit Statement)
2. 2015 Income Tax Form
3. Bank statement and verification of assets listed

Applicants not filing an income tax form:

1. SSA-1099 Statement
2. Form 1099 R (Distribution from pensions, annuities, retirement or profit sharing plans, IRA's, insurance contracts, etc.)
3. W-2 (wage statements)
4. 1099 (interest statements)
5. Bank statements and verification of assets listed

2017

Granted _____ **Denied** _____
Date _____ **Initials** _____

Disabled Exemption RSA 72:37b Qualification

Please print all information clearly Map _____ Lot _____ Sublot _____

Applicant's Name _____ Spouse _____

Mailing Address _____ Property Location _____

Is the above location your legal residence? _____ If so, how many yrs? _____

Marital Status Married _____ #Yrs _____ Single/Widow _____ Date of Birth _____

Spouse Date of Birth _____

Property Owned: Soley _____ Jointly _____ In Common _____ Date Purchased _____

(The applicant must own the real estate individually or jointly, or if the real estate is owned by his/her, spouse, they must have been married and living together for at least five years.

Taxpayers with their property in a trust or life estate may apply for a property tax credit, RSA 72:33, V; ask the Assessing Dept. for the form PA-33.

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

1. Did you file an Interest and Dividend tax return to the State of NH for 2015 **Y or N**
 2. Did you file a Federal Income Tax Form for the year 2015 **Y or N**
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Please list the source and amount of all income for 2015, (Read carefully income limitation on the front page) for both yourself and spouse.

Source	(net income)	<u>Owner # 1</u>	<u>Owner # 2</u>
Social Security (SSA-1099 Statement)		\$ _____	\$ _____
Pension & Retirement		\$ _____	\$ _____
Wages		\$ _____	\$ _____
Rental Income		\$ _____	\$ _____
Other Income/Annuities		\$ _____	\$ _____
Interest Income		\$ _____	\$ _____
Total Income:		\$ _____	\$ _____

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, Motorcycles, etc)

<u>Institution Name</u>	<u>Type</u>	<u>Present Value/Amount</u>
_____	Checking _____	_____
_____	Savings _____	_____
_____	Savings _____	_____
_____	Savings _____	_____
_____	IRA'S _____	_____
_____	_____	_____

Vehicles:

Make _____	Model _____	YR _____	Est. Value _____
Make _____	Model _____	YR _____	Est. Value _____
Boat _____	Model _____	YR _____	Est. Value _____
RV _____	Model _____	YR _____	Est. Value _____
Motorcycle _____	Model _____	YR _____	Est. Value _____

OTHER ASSETS:

Description _____ Est. Value _____

Real Estate:

Property Type _____ Town/State _____ Est. Value _____

(If you own other real estate property, Please provide a copy of a current tax bill.)

SUBTOTAL: _____

TOTAL: _____

***Note: Application deadline is April 1st. Completed applications received by **April 15th** will be reflected on the July tax bill. This exemption does not automatically pass on to the spouse of a deceased property owner; a new application must be applied for.

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 Gilmanston Assessing Office. I release all persons whomsoever from any liability out of or resulting from the release of this information.

Signature: _____ Date: _____ Telephone # _____

This form will remain confidential.

Asset & Income Forms verified and returned: _____

Date Initials