

**DISABLED EXEMPTION**  
**TOWN OF GILMANTON**

To qualify for the disabled exemption; RSA 72:37-b, the person must:

- I. be eligible under Title II or Title XVI of the Federal Social Security Act
- II. occupy the property as his principle place of abode
- III. be a New Hampshire resident for at least 5 years, as of April 1<sup>st</sup> in the year applying
- IV. own the property individually or jointly, or if owned by a spouse, they must have been married for at least 5 years
- V. 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
- VI. 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)

**Exemption Amount:**

Age	
< 65	\$35,000
65-69	\$100,000
70-74	\$175,000
75+	\$250,000

**Application deadline is April 15<sup>th</sup> of the year applying**  
**This form and documentation will remain confidential.**

## Disabled Tax Exemption RSA 72:27-b Qualification

Please print all information clearly

### Official Use Only:

Parcel ID \_\_\_\_\_  
SS Title: II or XVI  
Income \_\_\_\_\_  
Assets \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Date \_\_\_\_\_ By \_\_\_\_\_  
Forms & documents returned  
on (date) \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Co-applicant's or Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Winter or Alternate Address: \_\_\_\_\_

Marital Status: **Married / Single / Widow** If married, date of marriage \_\_\_\_\_

Property Address of Which Exemption is Sought: \_\_\_\_\_

Property Type: Single Family Single Fam. W/In-Law Multi-Family (\_\_\_\_ # Units)  
Commercial (explain uses: \_\_\_\_\_)

Is the above location your legal residence? Y or N If so, how many years? \_\_\_\_\_

How many years have you been a NH resident? \_\_\_\_\_

Prior residence(s) (if within 3 years) \_\_\_\_\_

Property Ownership Interest: Solely / Jointly / In Common / Trust\* / Life Estate\*\*

**\*Trusts-** complete a PA-33 form and supply a copy of the Trust in its entirety.

**\*\*Life Estate-** complete a PA-33 form and supply the deed referencing the life estate.

Are you or your spouse a beneficiary of any trust? Y or N

If yes, please circle: Trustee or Beneficiary

Name of Trustee/Beneficiary and Trust: \_\_\_\_\_

Do you have a reverse mortgage or have you refinanced your home this past year? Y or N

If yes, amount received: \$ \_\_\_\_\_ Date received: \_\_\_\_\_

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

1. Did you file a Federal Income Tax Form this year? **Y or N**  
(If no, must submit verification: IRS 4506-T)
2. Did you file an Interest and Dividend tax return to the State of NH this year? **Y or N**

## PRIOR YEAR TOTAL INCOME FROM ALL SOURCES

Income Source	Co. Name or Acct #	Applicant Total Annual	Spouse Total Annual	Supporting Document
Social Security				SSA-1099
SSI (Supplement Security Income)				Benefit Statement
Pension/Retirement				1099-R
Pension/Retirement				1099-R
Veteran Benefits				Benefit Statement from VA
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 Emp. Income				Complete Tax Return
Disability Insurance				Benefit Statement
Worker's Compensation				Benefit Statement
Unemployment Benefits				1099
Food Stamps				Benefit Statement from DHHS
Fuel Assistance				Community Action Statement
Housing Authority Payments				1099
Other Gov't Assistance				Benefit Statement from DHHS
Trust Income				1099 or Statement
Royalties				1099
Other				as applicable
Other				as applicable
<b>TOTALS</b>				

**CURRENT ASSETS** (Includes accounts and investments in the name of the Applicant or Spouse)

Co. Name/ Acct #	Asset Type	Owned by Applicant, Spouse, or Jointly	Current Balance/Value	Required Supporting Documentation
	Checking Acct			Most Recent 3 Months of Complete Bank Statements
	Checking Acct			
	Checking Acct			
	Savings Acct			
	Savings Acct			
	Savings Acct			
	Money Market			
	Money Market			
	IRA			
	IRA			
	Certificate/Deposit			Complete Statements from Investment Company
	Certificate/Deposit			
	Stocks			
	Stocks			
	Savings Bond			
	Savings Bond			
	Annuity			
	Annuity			
	Mutual Funds			
	Shares			
	Whole Life Ins.			Statement Showing Cash or Surrender Value
	Whole Life Ins.			As Applicable
	Other			
	Other			
	Other			
	Other			

Assets Con't

VEHICLES ( Includes Cars, Trucks, Motorcycles, Boats, Campers, RV's, etc.)				
Mileage	Make/Model/Year	Owned by Applicant, Spouse, or Jointly	Current Value	Required Supporting Documentation
				Registration, if registered. If there is a loan, provide most recent statement showing loan balance

REAL ESTATE (In the Applicant or Spouse's Names)				
Type	Address	Owned by Applicant, Spouse, or Jointly	Assessed Value	Required Supporting Documentation
				Tax Bill & Statement showing loan balance.

ADDITIONAL ASSETS				
Type	Description	Owned by Applicant, Spouse, or Jointly	Estimated Value	
Jewelry				Appraisal, if available.
Coins				
Art				
Antiques				
Appliances				
Furniture				
Yard Equipment				
Misc.				

TOTAL ASSETS:

\$

## AFFIDAVIT

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

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

\_\_\_\_\_ I certify that I do not claim residency in any other city or town, in any other State.

\_\_\_\_\_ I certify that I have been a resident of New Hampshire for 3 consecutive years (Elderly Exemption) or 5 years (Disabled Exemption) as of April 1 in the year applying for tax exemption.

\_\_\_\_\_ I certify under penalty of perjury that I am not receiving other residential tax exemption or tax credit in any other community within New Hampshire 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 by law to notify the Assessing Department.

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

\_\_\_\_\_ If I relocate within the Town of Gilmanton, I must file an amended application with the Assessing Department as soon as possible, on or before December 1, immediately following change in residence.

\_\_\_\_\_ 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 he/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*

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date