

Town of Center Harbor, New Hampshire

Elderly Tax Exemption Qualifications Worksheet

May be used for requalification. May also be used for Blind, Deaf or Disabled exemptions (if applicable) with 3-year NH residency requirement.

RSA 72:33, VI allows Selectmen or Assessing Officials to require those receiving tax exemptions or credits to re-file their qualifying information periodically, but no more frequently than annually. Failure to file such periodic statements may, at the discretion of the Assessing Officials, result in a loss of the exemption or tax credit for that year.

This worksheet is to be completed and submitted along with a completed **PA-29, Permanent Application for Property Tax Credit/Exemptions** form. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial.

The deadline for filing this application and supporting documentation is April 15 preceding the setting of the tax rate for that year. If April 15th falls on a Saturday, Sunday, or legal holiday, the document shall be deemed timely filed if it is received by the next business day.

INCOME LIMITS: Single \$20,000 | Married \$30,000 ASSET LIMITS: 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 **PA-33 Statement of Qualification form AND** a copy of the deed showing assigned ownership OR a copy of the Declaration of Trust OR a completed Certification of Trust per **RSA 564-B: 10-1013**.

Complete this application and submit along with supporting documentation to the Board of Selectmen at:

- **In Person:** Town of Center Harbor, Board of Selectmen, 36 Main St, Center Harbor, NH 03226
- **Mail:** Town of Center Harbor, Board of Selectmen, PO Box 140, Center Harbor, NH 03226

PERSONAL INFORMATION

* Indicates a required field

Applicant's First Name *	Applicant's Last Name *
<input type="text"/>	<input type="text"/>
Spouse's First Name	Spouse's Last Name
<input type="text"/>	<input type="text"/>
Property Address *	
<input type="text"/>	
Mailing Address (Street, City, Zip) *	
<input type="text"/>	
Telephone Number (with area code) *	Email Address *
<input type="text"/>	<input type="text"/>
Date of NH Residency *	
<input type="text"/>	

3-year NH residency required for elderly exemption; 5-year for all other exemptions.

INCOME

List NET income for the year for both you and your spouse. Enter 0 if a source does not apply.

Applicant Income

Social Security (\$) *	<input type="text"/>
Pension & Retirement (\$) *	<input type="text"/>
Wages (\$) *	<input type="text"/>
Rental Income (\$) *	<input type="text"/>
Other Income / Annuities (\$) *	<input type="text"/>
Interest Income (\$) *	<input type="text"/>
TOTAL INCOME (\$) *	<input type="text"/>

Spouse Income

Social Security (\$)	<input type="text"/>
Pension & Retirement (\$)	<input type="text"/>
Wages (\$)	<input type="text"/>
Rental Income (\$)	<input type="text"/>
Other Income / Annuities (\$)	<input type="text"/>
Interest Income (\$)	<input type="text"/>
TOTAL INCOME (\$)	<input type="text"/>

Please indicate which supporting tax documents you will provide: *

- Interest and Dividend tax return to the State of NH
- Federal Income Tax Form
- Other documents needed to verify eligibility

If the applicant or applicant's spouse was NOT required to file a Federal Income Tax Return, please note this and provide an explanation below.

Explanation (if applicable):

ASSETS — Financial Accounts

List all accounts owned by self and/or spouse: Savings, CDs, Stocks & Bonds, IRAs, Annuities, etc.

Account #1

Institution Name * Amount (\$) *

Account Type: Checking Savings IRA CD / Certificate Stocks & Bonds Annuity Other:

Account #2

Institution Name Amount (\$)

Account Type: Checking Savings IRA CD / Certificate Stocks & Bonds Annuity Other:

Account #3

Institution Name Amount (\$)

Account Type: Checking Savings IRA CD / Certificate Stocks & Bonds Annuity Other:

Account #4

Institution Name Amount (\$)

Account Type: Checking Savings IRA CD / Certificate Stocks & Bonds Annuity Other:

Account #5

Institution Name Amount (\$)

Account Type: Checking Savings IRA CD / Certificate Stocks & Bonds Annuity Other:

ASSETS — Vehicle(s)

Vehicle A — Year / Make / Model / Mileage

Estimated Value (\$)

Vehicle B — Year / Make / Model / Mileage

Estimated Value (\$)

Boat — Year / Model

Estimated Value (\$)

RV — Year / Make / Model

Estimated Value (\$)

Other Vehicle — Make / Model / Year / Mileage

Estimated Value (\$)

ASSETS — Real Estate (other than primary residence)

Please provide a copy of the property tax bill.

Property Type

Location: Town / State

Real Estate — Estimated Value (\$)

TOTAL OF ALL ASSETS (\$) *

Sum of all asset values listed above (accounts, vehicles, real estate, etc.).

CERTIFICATION & SIGNATURE

By signing below, you swear under penalty of perjury that all information provided above is a correct and accurate accounting of your financial condition to the best of your knowledge. You further authorize any agency or financial institution to release information about you or copies of your records to any agent of the Town of Center Harbor. You release all persons whomsoever from any liability resulting from the release of this information. This questionnaire will be kept confidential except that the Commissioner of the Department of Revenue Administration or his designee shall have access to it during the five-year assessment review of assessing practices (RSA 21-J:11-a).

Applicant's Signature *

Applicant's Signature Date *

Spouse's Signature

Spouse's Signature Date