



TOWN OF STRAFFORD, NH ELDERLY EXEMPTION APPLICATION RSA 72:39-a

Map: _____ Lot: _____ - _____ - _____

Applicant Name: _____ Spouse Name: _____

Full Address: _____

Birth Date: Applicant: _____ Spouse: _____

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

Marital Status: Married _____ Single _____ Widowed _____

Property Purchase Date: _____ Property Owned: Solely _____ Jointly _____ In Common _____

Did you file a Federal Income Tax Form last year? _____ If yes, provide a copy.

Did you file an Interest & Dividends Form last year? _____ If yes, provide a copy.

INCOME - PRIOR YEAR TOTAL INCOME FROM ALL SOURCES

	APPLICANT	SPOUSE	SUPPORTING DOCUMENTS
Social Security	_____	_____	SSA-1099
SSI _____ X 12	_____	_____	Benefit Statement
Pension/Irrev. Annuity	_____	_____	1099-R
Veteran Benefits	_____	_____	Statement from VA
Wages-Employment	_____	_____	W2 or 1099
Interest/Dividends	_____	_____	1099-INT or 1099-DIV
Rental Income	_____	_____	Lease & Tax Return
Worker's Comp.	_____	_____	Benefit Statement
Any Other Income	_____	_____	As Applicable

TOTAL INCOME LAST YEAR _____

ASSETS - List all assets, their cash value, and the institution (banks) where they are held. If you own real estate (other than your primary residence), include a copy of the town's assessment for it. Include registration for all vehicles including cars, motorcycles, boats, campers, trailers, and appraisals for all jewelry, antiques, etc. Please provide current year's assets.

ASSET TYPE	CO. NAME/ACCT #	TOTAL ACCOUNT VALUE	REQUIRED SUPPORTING DOCS
Checking Acct _____	_____	_____	Complete Bank Statement
Checking Acct _____	_____	_____	Complete Bank Statement
Savings Acct _____	_____	_____	Complete Bank Statement
Savings Acct _____	_____	_____	Complete Bank Statement
Money Market _____	_____	_____	Complete Bank Statement
IRA _____	_____	_____	Complete Bank Statement
Stocks _____	_____	_____	Complete Investment Co. Statement
Mutual Funds _____	_____	_____	Complete Investment Co. Statement
Whole Life Ins _____	_____	_____	Statement Showing Cash Value
Other _____	_____	_____	As Applicable
Other _____	_____	_____	As Applicable

VEHICLES-Includes Cars, Trucks, Motorcycles, Boats, Campers, RV's, Recreational

MILEAGE/MAKE/MODEL/YEAR/COLOR	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Provide registration. If there is a loan, provide the most recent statement showing loan balance.

REAL ESTATE-Any Real Estate, Anywhere, in the Applicant or the Spouse's Name/s) Includes other homes, excess land, additional living units, timeshares, camp sites, etc.

TYPE	ADDRESS	TOTAL VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ALL ASSETS: \$ _____

This worksheet must be completed and submitted along with completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions by April 15th. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application.

If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA-33 (Statement of Qualification) **and** submit a copy of the deed showing the assigned ownership of the life estate **or** a copy of the Declaration of Trust, including a list of beneficiaries **or** a completed Certification of Trust per RSA 564-B: 10-1013.

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.

I hereby certify under penalty of perjury that I am qualified for the elderly exemption as prescribed under the statute (RSA 72-39-a) and as implemented by the municipality in which I reside. 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 Strafford. I release all persons whomsoever from any liability resulting from the release of this information.

Signature

Date

Phone Number

Spouse's Signature

Date

Phone Number