

PROPERTY TAX EXEMPTION QUALIFICATION WORKSHEET

To be used for any exemption or deferral requiring income and asset information. (May also be used for re-qualification process)

All financial information supplied will be treated confidentially and any supporting documents will be destroyed, unless requested to be returned, upon approval or denial of the application.

RSA 72:33, VI allows Selectmen or Assessing Officials to required 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.

TOWN NAME: Sullivan

TOWN ADDRESS: PO Box 110 Sullivan, NH 03445

TOWN PHONE #: 603/847-3316

This worksheet is to be submitted with a completed FORM PA-29, Permanent Application for Property Tax Credit/Exemption, unless used for re-qualification.

Please note the following **INCOME and ASSET Limits** when considering submission of your application:

INCOME LIMIT:	Single - \$20,000	Married - \$30,000
ASSET LIMIT:	Single - \$50,000	Married - \$75,000

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.

1. APPLICANT/OWNER INFORMATION (Please print clearly)

Applicant Name: _____
Spouse Name : _____
Property Address: _____
Mailing Address: _____
Phone Number: _____ Email: _____
Date of NH Residency: _____

(Three year NH residence for elderly exemption; Five year residency for all other exemptions)

2. ANNUAL INCOME

List the amount and source of all income for the year for both you and your spouse. Provide copies of documentation supporting the amounts listed (for example: Social Security Statement, Bank Statement, Wage Statements, Federal Tax Filing, etc)

SOURCE	Applicant	Spouse	Supporting Documentation
Social Security	\$ _____	\$ _____	_____
Pension	\$ _____	\$ _____	_____
Other Retirement	\$ _____	\$ _____	_____
Wages	\$ _____	\$ _____	_____
Disability	\$ _____	\$ _____	_____
Rental Income	\$ _____	\$ _____	_____
Other Income/Annuities	\$ _____	\$ _____	_____
Interest	\$ _____	\$ _____	_____
Dividends	\$ _____	\$ _____	_____
TOTAL ANNUAL INCOME:	\$ _____	\$ _____	_____

3. Have you ever, or are you now, receiving any property tax exemption from another community in New Hampshire or other State?

YES ____ NO ____

If yes, provide community and state _____

4. Have you filed:

NH Interest and Dividends return YES ____ NO ____ (Attach copy)

Federal IRS return for the most recent tax year YES ____ NO ____ (Attach copy)

Last year Federal IRS return was filed _____

5. ASSETS (Documentation Must be Provided)

List all assets owned (Self and Spouse)

TYPE	Name of Institution	Value/Amount
Savings Account	_____	\$ _____
Checking Account	_____	\$ _____
Stocks	_____	\$ _____
Bonds	_____	\$ _____
Mutual Fund	_____	\$ _____
Certificate of Deposit	_____	\$ _____
IRA, 401K, Money Market, etc	_____	\$ _____
 Vehicles		
Make/Model/Year	_____	\$ _____
Make/Model/Year	_____	\$ _____
Make/Model/Year	_____	\$ _____
Camper/Boat/RV/Other	_____	\$ _____
Make/Model/Year	_____	\$ _____
 Real Estate (excluding primary residence and up to 2 acres)		
Location	_____	\$ _____
Location	_____	\$ _____
Any Other Assets	_____	\$ _____
 TOTAL ASSETS		 \$ _____

6. OTHER REQUIRED INFORMATION: Documentation that supports Income and Assets; PA-33 if property is held in trust or life estate.

7. By signing below, I certify, under the penalty of perjury, that the property on which exemption is claimed is my residential real estate and principle place of residence and that all information supplied is complete and accurate.

APPLICANT'S SIGNATURE: _____ **PRINTED NAME:** _____

SPOUSE'S SIGNATURE: _____ **PRINTED NAME:** _____

DATE SUBMITTED: _____