

Town of Dummer NH Elderly / Disabled Exemption Worksheet

Applicant's Name: _____
 Spouse's Name: _____
 Property Address: _____
 Map / Lot #: _____ Date Purchased: _____
 Is this property your primary residence? _____ If yes, how many years? _____
 Property Owned _____ Solely _____ Jointly _____ In Common
 Marital Status _____ Single _____ Widow _____ Married (# of years) _____

INCOME: please provide supporting documentation (stubs, statements, etc). If you have filed a State of NH Interest & Dividend Tax Return, a Federal Income Tax Return or Extension, please provide a copy.

	Applicant	Spouse	Documentation
Social Security	\$	\$	
Pension & Retirement	\$	\$	
Wages	\$	\$	
IRA/401K Distributions	\$	\$	
Rental Income	\$	\$	
Interest Income	\$	\$	
Other Income	\$	\$	
Other Income	\$	\$	

***TOTAL INCOME**

- *Elderly Exemption, must be less than \$22,500 for single applicant or \$35,000 for married applicant.
- *Disabled Exemption, must be less than \$18,000 for single applicant or \$25,000 for married applicant.

ASSETS: please provide supporting documentation (statements, etc)

	Bank Name	Statement Date	Current Balance
Checking Accounts			
Savings Accounts			
CD/IRA			
Other			
Other			

	Make/Model	Year	Est. Value
Vehicle			
Vehicle			
Boat			
RV			
Other			

	Description	Est. Value
Household goods		
Furs, jewelry, coins, antiques, etc.		
Primary residence, # of acres over 5		
Other		
Other		

**Town of Dummer NH
Elderly / Disabled Exemption Worksheet**

ASSETS: continued

Real Estate other than the Primary residence:	Property Type	Town/State	Est. Value

Provide a copy of a current tax bill.

TOTAL ASSETS:

ENCUMBRANCES: please provide supporting documentation (statements, etc)

	Lender Name	Loan Balance
Mortgage/Home Equity Loan		
Vehicle Loan		
Other		

TOTAL ENCUMBRANCES:

ADJUSTED TOTAL ASSETS:

Total assets less total encumbrances, must be less then \$50,000.

I swear under penalty that the information provided on this form 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 Dummer. I release all persons whomsoever from any liability resulting from release of this information.

Applicant's Printed Name	Applicant's Signature	Date
--------------------------	-----------------------	------

Spouse's Printed Name	Spouse's Signature	Date
-----------------------	--------------------	------

Phone Number	Email Address
--------------	---------------

All copies of tax returns, bank statements, etc. will be considered confidential and returned to the applicant following verification by the municipality per RSA 72:34 II.