

Town Name: Bristol
Town Address: 5 School Street
Form Must be returned by April 15

DISABLED TAX EXEMPTION QUALIFICATIONS WORKSHEET

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 completed Permanent Application for Property Tax Credit/Exemptions (Form PA 29). All information supplied will be treated confidentially and any supporting documents will either be returned or disposed of upon approval or denial of the application. Please note the following **Income and Asset Limits** when considering submission of your application:

INCOME LIMITS:	Single [\$25,000]	Married [\$45,000]
ASSET LIMIT:	Single [\$40,000]	Married [\$40,000]

If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed Statement of Qualifications Form (PA33) **and** 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.

Please print all information clearly:

Applicant's Name: _____

Spouse's Name: _____

Property Address: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Date of NH Residency* _____

*Required three-year NH residency for elderly exemption

INCOME INFORMATION:

Please list the source and amount of all income for year for both you and your spouse. Supporting documents for all income sources are required and copies can be made by the Assessing Office.

SOURCE:	Applicant	Applicant's Spouse	Documents Viewed
Social Security	\$ _____	\$ _____	_____
Pension & Retirement	\$ _____	\$ _____	_____
Wages	\$ _____	\$ _____	_____
Rental Income	\$ _____	\$ _____	_____
Other Income/Annuities	\$ _____	\$ _____	_____
Interest Income	\$ _____	\$ _____	_____
 TOTAL INCOME	 \$ _____	 \$ _____	

If you have filed any of the following – please provide a copy with this worksheet:

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form
3. Any other documents as needed to verify eligibility

Check here if the applicant/applicant's spouse are not required to file a Federal Income Tax Return.

ASSET INFORMATION:

Please list all assets owned (Self & Spouse) - Savings Accounts or Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars etc.) – **Three months of statements for all items listed below are required and copies can be made at the Assessing Office.**

<u>Institution Name</u>	<u>Check off Type</u>	<u>Value / Amount</u>
_____	Checking	_____
_____	Savings	_____
_____	Savings	_____
_____	Retirement	_____
_____	Other	_____

VEHICLE INFORMATION:

Make _____ / Model _____ / Year _____ / Mileage _____

Estimated Value \$ _____

Make _____ / Model _____ / Year _____ / Mileage _____

Estimated Value \$ _____

Boat Model _____ / Year _____

Estimated Value \$ _____

RV Model _____ / Year _____

Estimated Value \$ _____

Other / Description _____

Estimated Value \$ _____

Other / Description _____

Estimated Value \$ _____

REAL ESTATE: (Your primary residence and up to 2 acres are exempt, but all property should be listed.) –
For any property located out of the Town of Bristol – MUST provide copy of the property tax bill with this worksheet.

Property Type _____

Town/State _____

Property Type _____

Town/State _____

Total Property Value \$ _____

TOTAL ASSETS \$ _____

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 Bristol. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

SPOUSE'S SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

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 DEPARTMENT'S FIVE-YEAR ASSESSMENT REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).