



# TOWN OF EXETER, NEW HAMPSHIRE

10 FRONT STREET • EXETER, NH • 03833

[www.exeternh.gov](http://www.exeternh.gov)

## Assessor's Office (603) 773-6110

### TAX DEFERRAL FOR ELDERLY AND DISABLED WORKSHEET

This worksheet is to be completed and submitted with all supporting documentation. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application.

FIRST TIME APPLICANT \_\_\_\_\_

PREVIOUS APPLICANT \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Co-Applicant/Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Principle Place of Abode \_\_\_\_\_ Date of NH Residency \_\_\_\_\_

Mailing Address \_\_\_\_\_

**INCOME:** Please list income from all sources, amounts of all per year and attach supporting documentation such as Social Security Statements, W-2's and 1099's to this worksheet.

Source	Applicant	Applicant's Spouse	Documentation
Social Security	\$ _____	\$ _____	_____
Pension & Retirement	\$ _____	\$ _____	_____
Wages	\$ _____	\$ _____	_____
Unemployment/VA Benefit	\$ _____	\$ _____	_____
Disability/Worker's Comp	\$ _____	\$ _____	_____
Rental Income	\$ _____	\$ _____	_____
Interest /Dividends	\$ _____	\$ _____	_____
Public Assistance	\$ _____	\$ _____	_____
Other Income	\$ _____	\$ _____	_____
<b>TOTAL INCOME</b>	\$ _____	\$ _____	

**ASSETS:** Please list all assets owned. Attach most recent 3 months of bank statements – ALL PAGES and any other supporting documentation.

Institution Name	Type	Value Amount	Statement Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VEHICLES/BOATS/ANTIQUES/OTHER**

A. Car Make/Model/Year/Mileage \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

B. Car Make/Model/Year/Mileage \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

C. Boat/Model/Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

D. RV/Model/Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

E. Antiques/Collections \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

F. Other (Description) \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

REAL ESTATE: Include all real estate owned anywhere including residence.

Property Type \_\_\_\_\_ Town/State \_\_\_\_\_

\*\* Provide copy of property tax bill. Estimated Market Value \$ \_\_\_\_\_

**TOTAL ALL 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 and that this is my primary place of abode per RSA 72:38-a. 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 Exeter. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**PLEASE RETURN THIS QUESTIONNAIRE AND ALL SUPPORTING DOCUMENTATION  
BY MARCH 1<sup>st</sup> OF THE QUALIFYING TAX YEAR**

ABOVE CALCULATIONS ARE BASED UPON FINANCIALS PRODUCED BY THE PROPERTY OWNER. THIS WORKSHEET 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 AND IT MAY ALSO BE USED BY THE TOWN IN DEFENSE OF ANY ACTION TAKEN AS A RESULT OF DECISION RENDERED ON INFORMATION CONTAINED HEREIN. REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).