



Town of Belmont EXEMPTION WORKSHEET

OFFICIAL USE ONLY:

Parcel ID _____
Serial# _____
Acct# _____
Ex Group: **D B E65 E80 E125**
Exemption Amount _____
A D By: _____

The Exemption Worksheet must be completed in order to qualify under the requirements of RSA 72:33, VI. This worksheet and **Form PA-29**, application for tax exemption, must be completed and submitted with supporting documentation by April 15.

Please print all information clearly:

1. Applicant's Name: _____ Telephone # _____
2. Applicant's Date of Birth: _____ Email Address: _____
3. Spouse's Name: _____ Telephone # _____
4. Spouse's Date of Birth: _____ Email Address: _____
5. Mailing Address: _____
6. Winter or Alternate Address: _____
7. Marital Status (***circle one***): **Married** (____ # years married) **Single** **Divorced** **Widow/er**
8. Property Address of Which Exemption is Sought: _____ Acreage: _____
9. Property Type (***circle one***): **Single Family** **Single Fam. w/ In-Law Apt** **Multi-Family** (____ # Units)
10. Residence Owned: **Jointly** **In Common** **Solely** **Revocable Trust** **Irrevocable Trust** **Life Estate**
11. I have been a legal resident of NH since _____ Number of Years Owned Residence: _____
12. List primary residence/s for last five (5) years: _____
13. Is the Applicant or spouse a trustee or beneficiary of any trust? **YES** **NO** If YES, please specify below.
TRUSTEE **BENEFICIARY** Name of Trustee/Beneficiary & Trust: _____
(PA-33 must be submitted if applicant is a Trustee or Beneficiary)
14. Will you be filing a federal income tax return this year? **YES** **NO**
15. Will you be filing an interest and dividend tax return to the State of New Hampshire? **YES** **NO**
16. Would like us to be able to discuss your application with a friend, family member or caregiver?
YES **NO** *If YES, please submit signed Consent form on page 5 or Durable Power of Attorney.*
17. Alternate contact if you cannot be reached: _____ (Name) _____ (Phone number)

Notes/Comments for Assessing Office Only

INCOME INFORMATION

FOR THE PERIOD JANUARY 1 TO DECEMBER 31, 20__

	Owner #1	Owner #2 (spouse)
Social Security	_____	_____
Social Security Disability Income (Title II or Title XVI)	_____	_____
Veterans Admin. Disability Income	_____	_____
SSI Received for Dependents	_____	_____
Wages, Salaries, Tips or Self Employment	_____	_____
Pensions	_____	_____
Interest and/or Dividend Income (all sources)	_____	_____
Real Estate Rental Income	_____	_____
Other Income including distributions, annuities	_____	_____
Unemployment, gambling/lottery winnings, etc.	_____	_____
Financial Assistance including fuel, food stamps, Electric assistance, etc.	_____	_____
Does anyone (other than spouse) live with you? Y ____ N ____		
If yes, amount contributed to household (rent, bills or assistance paid annually)		_____

Total Income: \$ _____

ASSET INFORMATION

AS OF THE DATE OF THIS APPLICATION

Do you own (individually, jointly, in common, fractional) any other real estate anywhere including homes, land, mobile homes or time shares Y ____ N ____
If yes, please submit a copy of the most recent tax bill.

Other Real Estate: _____
(Street Address) (Market Value) [Please attach copy of property tax bill]

Other Real Estate: _____
(Street Address) (Market Value) [Please attach copy of property tax bill]

Vehicle 1: _____ (Year, Make, Model) (Mileage)
Value \$ _____

Vehicle 2: _____ (Year, Make, Model) (Mileage)
Value \$ _____

Trailer/RV: _____ (Year, Make, Model) (Mileage)
Value \$ _____

: _____ (Boat or other recreation vehicle)
Value \$ _____

Estimated value of cash, household goods, appliances, furniture, yard equipment, etc. \$ _____
Estimated value of personal items, jewelry, furs, coins, art, antiques, collectibles, etc. \$ _____
Estimated value of business equipment & description: _____ \$ _____

*****You must submit copies of your most recent statement(s) from all financial institutions (including all pages). *****

List all banking resources

Checking Account # (last 4 digits only)	Bank Name	Balance	Date of Document
		\$	
		\$	
		\$	
		\$	

Savings Account # (last 4 digits only)	Bank Name	Balance	Date of Document
		\$	
		\$	
		\$	
		\$	

Credit Union Acct # (last 4 digits only)	Credit Union Name	Balance	Date of Document
		\$	
		\$	
		\$	

Certificate of Deposit # (last 4 digits only)	Bank/Institution Name	Balance	Date of Document
		\$	
		\$	
		\$	

IRA Account # (last 4 digits only)	Bank/Institution Name	Balance	Date of Document
		\$	
		\$	
Money Market# (last 4 digits only)		\$	

Stocks/Bonds Acct # (last 4 digits only)	Company/Institution	Balance	Date of Document
		\$	
		\$	
Annuities# (last 4 digits only)		\$	

Mutual Funds (last 4 digits only)	Company/Institution	Balance	Date of Document
		\$	
		\$	
Cash Value of Life Insurance Policies		\$	

Total Assets \$ _____

Required Documentation for Income Verification **only if it applies to you**

1040 Complete Copy of Federal Income Tax Forms if filed including all schedules for past calendar year. <i>If you do not file a tax return, proof must be provided by submitting the IRS response to the IRS form 4506-T to the Town of Belmont Assessing Department</i>
DP-10 Complete Copy of State of NH Interest & Dividend Tax Form for past calendar year
SSA-1099 Social Security Benefit Statement for prior year. <i>A copy of your SSA-1099 form can be obtained from the Social Security Administration by calling 1-800-772-1213</i>
1099-R Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc. for prior year
W-2 / 1099 All Wage statements for the prior year
1099-INT - All Interest Statements for prior year
1099-DIV - All Dividend Statements for prior year
Trust Income
VA Pension
Business or Self-Employment Income
Rental Income
Unemployment or Worker's Compensation
Alimony
Child/Dependent Support/Stipend
State of NH Health & Human Services Assistance letter documenting Food Stamps, APTD, or other assistance
Town Welfare
Fuel Assistance
ANY OTHER INCOME NOT LISTED ABOVE

Required Documentation for Current Asset Verification **only if it applies to you**

Checking & Savings Monthly Statements for ALL accounts showing a minimum of 90 days of activity.
Documentation of Cash Value of ALL investments: Annuities, Mutual Funds, Shares, Stocks, Bonds, IRA's, et al <i>(All Statements must be provided in their entirety and provided regardless of the current balance. Do not omit any pages. If you have closed a previously reported account, please provide last statement received.)</i>
Documentation of Cash Value of Whole Life Insurance
Vehicle registrations
Documentation of any loans on vehicles or real estate you own (except your primary residence).
Most recent tax bill on any real estate you own (except your primary residence).
Trust document if you are a Trustee or the Beneficiary of a Trust
Evidence/documentation of any other assets not listed above.

Information submitted shall be considered CONFIDENTIAL and not part of the public records.

This office reserves the right to request additional documentation as needed.

We recommend that you submit **COPIES** of the required documentation.

The filing period begins when you have received your year-end income statements in January and ends April 15 prior to the setting of the tax rate.

AFFIDAVIT

Please read, initial each line, and then sign below. If there is anything you do not understand, please ask Assessing staff for clarification.

- ____ I certify that I have read this worksheet carefully and it is complete to the best of my knowledge and ability.
- ____ I certify that I do not claim residency in any other city or town, in any other state.
- ____ I certify that I have been a resident of New Hampshire for 3 consecutive years (Elderly Exemption) or 5 years (Disabled Exemption) as of April 1 in the year applying for tax exemption.
- ____ I certify under penalty of perjury that I am not receiving any other residential tax exemption or tax credit in any other community within NH and I am not receiving a similar benefit, such as a homestead exemption, in any other state.
- ____ I understand that if my income or assets change, there is a possibility I may no longer qualify for the tax exemption and that I am under obligation by law to notify the Assessing Department.
- ____ If my marital status changes, I must notify the Assessing Department.
- ____ If I relocate within the Town of Belmont, I must file an amended application with the Assessing Department as soon as possible, on or before December 1, immediately following the change in residence.
- ____ I understand that if I put my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit or exemption.
- ____ A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he/she makes any written false statement which he/she does not believe to be true, or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he/she submits or invites reliance on any writing which he/she knows to be lacking in authenticity. *RSA 641:3*
- ____ I understand, the Town of Belmont will use all available resources to verify an applicant's eligibility for tax credit or exemption.

I / We have read and understood the above statements. Any misrepresentation on my part may result in court action for recovery. I certify the information submitted is true and accurate to best of my knowledge.

Signature of Applicant

Date

Signature of Spouse

Date

Print Name

Print Name

Documents are considered confidential and all original documents will be returned at the time the application is submitted. Copies will be made to determine if the applicant is qualified for the exemption. Please choose an option below for the handling of the copies after a decision has been made.

Copies mailed Back ____ (stamped envelope required)

Or

Copies shredded by Assessing Staff ____

Reviewed for Continued Eligibility

Reviewed _____	Date _____	Status _____
Reviewed _____	Date _____	Status _____
Reviewed _____	Date _____	Status _____
Reviewed _____	Date _____	Status _____
Reviewed _____	Date _____	Status _____
Reviewed _____	Date _____	Status _____
Reviewed _____	Date _____	Status _____
Reviewed _____	Date _____	Status _____
Reviewed _____	Date _____	Status _____
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