## Elderly Exemption Worksheet Middleton, NH

Date:				
Applicant's Name:		Date of Birth:		
Spouse's Name:		Date of Birth:		
Note: If you hold a life es must also submit a compl		r your property is owned by a tement of Qualification)	ı trust, you	
1) Did you file an	Interest and Dividend	tax return to the State of NH?	Y or N	
2) Do you file a Federal Income Tax Return?  If yes, what was the most recent year filed?				
NOTICE: If you have file this worksheet and applications and applications are the second seco		e above returns, copies MUS	Г ассотрапу	
INCOME: Please note the following I application:	ncome and Asset Limi	ts when considering submission	ı of your	
INCOME LIMITS: ASSET LIMIT:	Single [\$30,000] Single [\$75,000]			
Source	Applicant	Applicant Spouse		
Social Security	\$	\$	_	
Pension & Retirement	\$	\$	_	
Wages	\$	\$	_	
Rental Income	\$	\$	_	
Interest Income	\$	\$	_	
Other Income/Annuities	¢	¢		

			s Accounts or Investme Γrailers, Boats, Antiques	
Institution Name	Тур	e	Present Value/Amount	İ
				_
				_
				_
				_
				_
NOTE: Bank state application.	ements for the	past THREE me	onths must accompany	this worksheet and
Vehicles:				
Make:	Model:	Yr:	Est. Value:	
Make:	Model:	Yr:	Est. Value:	
Boat:	Model:	Yr:	Est. Value:	
RV:	Model:	Yr:	Est. Value:	
Other Assets:				
Description:			Est. Value:	
Description:			Est. Value:	
Other Real Estate:				
Property Type:		Town/State:	Est. V	/alue:
Property Type:		Town/State:	Est. V	/alue:

This completed worksheet, IRS Form 4056-T, PA-33 (if applicable) needs to be submitted along with a completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application.

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 Middleton Assessing Office. I release all persons whomsoever from any liability resulting from the release of this information.

Applicant's Signature:	Date:		
Spouse's Signature:	Date:		

REMINDER: All supporting documentation must accompany this form as applicable.