

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

**STEP 1 OWNER AND APPLICANT NAME AND ADDRESS**

**OWNER AND APPLICANT INFORMATION**

OWNER If required, is a PA-33 on file?  
 YES  NO

APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI

APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI

MAILING ADDRESS

CITY/TOWN  STATE  ZIP CODE

PROPERTY ADDRESS  TAX MAP  BLOCK  LOT

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

**STEP 2 VETERANS' TAX CREDITS AND EXEMPTION**

**VETERAN'S INFORMATION**

1. APPLICANT IS THE:  Veteran  Spouse  Surviving Spouse

2. APPLYING FOR:  Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)  
 All Veterans' Tax Credit (RSA 72:28-b) **If Adopted by Town** Standard (\$50) / Optional (\$51 up to \$750)  
 Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)  
 Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")  
 Tax Credit for Combat Service (RSA 72:28-c) **If Adopted by Town** (\$50 up to \$500)  
 Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name  Dates of Military Service Enter (MMDDYYYY)  4. Date of Entry  5. Date of Discharge/Release (if applicable)

**IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)**

6. Name of Allied Country Served in  7. Branch of Service

9. Does any other eligible Veteran own interest in this property?  
 YES  NO  If YES, provide name

8. Please Check One.  
 US Citizen at time of entry into Service  
 Alien but resident of NH at time of entry into Service

**STEP 3 EXEMPTIONS**

**STANDARD EXEMPTIONS**

10.  Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)  
 (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth  10b. Spouse's Date of Birth

11.  Improvements to Assist Persons with Disabilities (RSA 72:37-a)

12.  Blind Exemption (RSA 72:37)

**LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)**

13.  Deaf Exemption (RSA 72:38-b)  Electric Energy Storage Systems Exemption (RSA 72:85)  
 Disabled Exemption (RSA 72:37-b)  Wind-Powered Energy Systems Exemption (RSA 72:66)  
 Solar Energy Systems Exemption (RSA 72:62)  Woodheating Energy Systems Exemption (RSA 72:70)  
 Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)

**STEP 4 RESIDENCY**

14.  NH Resident for **One Year** preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)  
 NH Resident for **Five Consecutive Years** (Deaf) or **At least Five Years** (Disabled) preceding April 1 in the year the exemption is claimed  
 NH Resident for **Three Consecutive Years** preceding April 1 in the year the exemption is claimed (Elderly Exemption)

**STEP 5 OWNERSHIP**

15. Do you own 100% interest in this residence?  Yes  No If NO, what percent (%) do you own?

**STEP 6 SIGNATURES**

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

SIGNATURE (IN INK) OF PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (IN INK) OF PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Reviewed documents submitted by applicant (list documents reviewed)						
<input type="checkbox"/> Other Information						

VETERANS' EXEMPTION

Certain Disabled Veterans' Exemption GRANTED  DENIED  DATE

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single	NA	\$35,000	\$35,000	65-74 years of age	\$80,000
Married	NA	\$50,000	\$50,000	75-79 years of age	\$100,000
<b>Asset Limits</b>				80+ years of age	\$150,000
Single	NA	\$200,000	\$200,000		
Married	NA	\$200,000	\$200,000		

STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems		<input type="checkbox"/>	<input type="checkbox"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

- \* List of assets, value of each asset, net encumbrance and net value of each asset.
- \* State Interest and Dividends Tax Form.
- \* Statement of applicant and spouse's income.
- \* Property Tax Inventory Form filed in any other town.
- \* Federal Income Tax Form.

\* Documents are considered confidential and must be returned to the applicant once a decision is made on the application.

Municipal Notes

Empty box for Municipal Notes

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

## GENERAL INSTRUCTIONS

<b>WHO MAY FILE</b>	Applicant must be qualified as of April 1 of the year the exemption and/or tax credit is claimed. Financial qualifications required for certain exemptions must be met by the time of application. An applicant must have resided in this state for at least one year preceding April 1 in the year in which the veterans' tax credit is claimed. An applicant must have resided in this state for at least three years preceding April 1 in the year for which the elderly exemption is claimed and five years in which the deaf or disabled exemption is claimed. The terms owner, own or owned, shall include those persons who hold grantor/revocable trust, equitable title, or beneficial interest for life in the subject property.		
<b>WHERE TO FILE</b>	Form PA-29 must be filed with the municipal assessing officials of the city/town where the tax credit and/or exemption is being requested.		
<b>WHEN TO FILE</b>	Form PA-29 must be filed by April 15 preceding the setting of the tax rate. The municipal assessing officials shall send written notice to the taxpayer of their decision by July 1 prior to the date of notice of tax. Failure of the municipal assessing officials to respond shall constitute a denial of the application. <b>Example:</b> If you are applying for a tax credit and/or an exemption for the 2023 property taxes, which are due no earlier than December 1, 2023, you have until April 15, 2023, to file this form. The municipal assessing officials have until July 1 to send notice of their decision. Failure of the municipal assessing officials to respond shall constitute a denial of the application. <b>A late response or failure to respond by municipal assessing officials does not extend the appeal period.</b> Date of filing is when the completed application is either hand-delivered to the municipality, postmarked by the post office, or received by an overnight delivery service.  Pursuant to RSA 72:33, I-a, "If any person, otherwise qualified to receive an exemption or credit, shall satisfy the selectmen or assessors that he or she was prevented by accident, mistake, or misfortune from filing a permanent application or amended permanent application on or before April 15 of the year in which he or she desires the exemption to begin, said officials may receive the application at a later date and grant an exemption or credit for that tax year..."		
<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption and/or tax credit is denied by the municipality, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the NH Board of Tax and Land Appeals (BTLA) or to the Superior Court in the county where the property is located. <b>Example:</b> If you were denied an exemption from your 2022 property taxes, you have until September 1, 2023, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> ; or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .		
<b>TAX CREDITS</b>	Tax credits approved will be deducted from the property tax amount.		
<b>EXEMPTIONS</b>	Tax exemptions approved are deducted from the amount of the property owner's total assessed value prior to the calculation of tax due.		
<b>BLIND EXEMPTION</b> RSA 72:37	\$15,000 (unless the municipality votes an increase) is subtracted from the assessed valuation.	Every inhabitant owning residential real estate, who is legally blind, as determined by the Administrator of Blind Services of the Vocational Rehabilitation Division of the Department of Education.	
<b>ELDERLY EXEMPTIONS</b> RSA 72:39-a	Applicant must have resided in this state for at least three consecutive years preceding April 1 in the year which the exemption is claimed. Property must be: owned by a resident; or owned by a resident jointly or in common with the resident's spouse, either of whom meets the age requirement for the exemption claimed; or owned by a resident jointly or in common with a person not the resident's spouse, if the resident meets the applicable age requirement for the exemption claimed; or owned by a resident, or the resident's spouse, either of whom meets the age requirement for the exemption claimed, and when they have been married for at least five years.  Property cannot have been transferred to the applicant from a person under the age of 65, and related to the applicant by blood or marriage, within the preceding five years.  Property must meet the definition of residence per RSA 72:39-a, I(c), which includes the housing unit, which is the person's principle home and related structures such as a detached garage or woodshed. It does not include attached dwelling units and unattached structures used or intended for commercial or other non-residential purposes. If fractional interest is owned, see RSA 72:41, Proration.		
<b>ELDERLY, DEAF and DISABLED FINANCIAL QUALIFICATIONS</b> RSA 72:39-a RSA 72:38-b RSA 72:37-b	<b>INCOME LIMITATION</b>	Includes: Income from any source including Social Security or pension.	Excludes: Life insurance paid on the death of an insured; Expenses and costs incurred in the course of conducting a business enterprise; Proceeds from the sale of assets.
	<b>ASSET LIMITATION</b>	Includes: The value of all assets, tangible and intangible.	Excludes: The value of the person's actual residence and the land upon which it is located up to the greater of 2 acres or the minimum single family residential lot size specified in the local zoning ordinance. The value of any good faith encumbrances.
<b>ADA COMPLIANCE</b>	Individuals who need auxiliary aids for effective communication in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.		

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

TYPE OF TAX CREDIT or EXEMPTION	AMOUNT GRANTED	WHO MAY APPLY
<b>VETERANS' TAX CREDIT</b> RSA 72:28	\$50 (\$51 up to \$750 upon adoption by the municipality), is subtracted from the taxes due on the applicant's RESIDENTIAL property, occupied as the veteran's principle place of abode. For Veterans' surviving spouse: See RSA 72:28, III. For Proration: See RSA 72:30	Every resident of NH who is a veteran, as defined in RSA 21:50, and served not less than 90 days on active service in the armed forces in any of the qualifying wars or armed conflicts listed in RSA 72:28, and continues to serve or was honorably discharged; or the spouse or surviving spouse of such resident. (NOTE: 'Under Honorable Conditions' does not qualify.)
<b>ALL VETERANS' TAX CREDIT</b> RSA 72:28-b - <i>Must be adopted by Municipality</i>		Every resident of NH who is a veteran, as defined in RSA 21:50, and served not less than 90 days on active service in the armed forces and continues to serve or was honorably discharged; or the spouse or surviving spouse of such resident. (NOTE: 'Under Honorable Conditions' does not qualify.)
<b>SURVIVING SPOUSE TAX CREDIT</b> RSA 72:29-a	\$700 (\$701 up to \$2,000 upon adoption by the municipality per RSA 72:27-a), is subtracted from taxes due on the applicant's property, residential or other.	The surviving spouse of any person who was killed or died while on active duty in the armed forces, as listed in RSA 72:28, so long as the surviving spouse remains single.
<b>SERVICE-CONNECTED TOTAL DISABILITY TAX CREDIT</b> RSA 72:35	\$700 (\$701 up to \$4,000 upon adoption by the municipality pursuant to RSA 72:27-a), is subtracted from the property taxes due on the applicant's residential property.	Any person who: <ul style="list-style-type: none"> <li>Has been honorably discharged or an officer honorably separated from military service and who has a total and permanent service-connected disability;</li> <li>Is a double amputee or paraplegic because of service-connected injury; or</li> <li>Is the surviving spouse of above qualified veteran and remains single.</li> </ul>
<b>TAX CREDIT FOR COMBAT SERVICE</b> RSA 72:28-C <i>Must be adopted by Municipality</i>	\$50 up to \$500 upon adoption by the municipality pursuant to RSA 72:27-a is subtracted from the property taxes due on the applicant's residential property.	Every resident of this state engaged at any point during the taxable period in combat service as a member of the NH National Guard or a reserve member of the United States Armed Forces called to active duty. The application for the tax credit must be accompanied by the service member's military orders.
<b>CERTAIN DISABLED VETERANS - EXEMPTION</b> RSA 72:36-a  "...shall be exempt from all taxation on said homestead..."	Any person who: <ul style="list-style-type: none"> <li>Has been discharged under conditions other than dishonorable, or an officer who has been honorably separated from military service;</li> <li>Owens a specially adapted homestead which has been acquired with the assistance of the Veterans Administration or by using proceeds from the sale of any previous homestead which was acquired with the assistance of the Veterans Administration; and</li> <li>Is 100 percent permanently and totally disabled as prescribed in 38 C.F.R 3.340, total and permanent total ratings and unemployability; or is a double amputee of the upper or lower extremities or any combination thereof, or paraplegic, as the result of service connection; or has blindness of both eyes with visual acuity of 5/200 or less, as the result of service connection.</li> </ul> <p>The surviving spouse of an eligible veteran may also apply. Satisfactory proof of such service connection disability must be furnished to the assessor.</p>	

A list of the Veterans' qualifying medals and discharge papers can be found at: <http://www.revenue.nh.gov/mun-prop/property/exemptions-tax-credits.htm>

## IMPROVEMENTS TO ASSIST PERSONS WITH DISABILITIES AND THE DEAF

EXEMPTION	AMOUNT OF EXEMPTION	WHO MAY APPLY
<b>IMPROVEMENTS TO ASSIST PERSONS WITH DISABILITIES</b> RSA 72:37-a <b>DEAF OR SEVERELY HEARING IMPAIRED PERSONS</b> RSA 72:38-b	The value of improvements made for the purpose of assisting a person with a disability or deafness is deducted from the assessed value of the residential real estate.	Any person owning residential real estate upon which he resides and to which he has made improvements for the purpose of assisting a person with a disability or deafness who also resided on such real estate.

OPTIONAL EXEMPTIONS BELOW MUST BE ADOPTED BY THE MUNICIPALITY BEFORE ANYONE MAY APPLY

EXEMPTION	AMOUNT OF EXEMPTION	WHO MAY APPLY
<b>DISABLED EXEMPTION</b> RSA 72:37-b	The amount of the exemption and the level of income and assets (excluding the value of the property owner's residence) are determined by vote of the municipality per RSA 72:27-a.	Any person eligible under the Federal Social Security Act for benefits to the disabled, and who has been a New Hampshire resident for at least five years by April 1 of the year the exemption is claimed.  <b>NOTE: See Financial Qualifications on Page 3.</b>
<b>DEAF EXEMPTION</b> RSA 72:38-b	\$15,000 (unless the municipality votes an increase) is subtracted from the assessed valuation.	NH residents who are deaf or severely hearing impaired, have been a NH resident for more than five consecutive years, and meet the income and asset requirements.

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

<b>OPTIONAL EXEMPTIONS BELOW MUST BE ADOPTED BY THE MUNICIPALITY BEFORE ANYONE MAY APPLY continued</b>		
<b>EXEMPTION</b>	<b>AMOUNT OF EXEMPTION</b>	<b>WHO MAY APPLY</b>
<b>SOLAR ENERGY SYSTEMS</b> RSA 72:61 and RSA 72:62	Determined by vote of the municipality pursuant to RSA 72:62.	Any person owning real property equipped with a solar energy heating or cooling system, as defined in RSA 72:61.
<b>WOODHEATING ENERGY SYSTEMS</b> RSA 72:69 and RSA 72:70	Determined by vote of the municipality pursuant to RSA 72:70.	Any person owning real property equipped with a woodheating energy system, as defined in RSA 72:69.
<b>WIND-POWERED ENERGY SYSTEMS</b> RSA 72:65 and RSA 72:66	Determined by vote of the municipality pursuant to RSA 72:66.	Any person owning real property equipped with a wind-powered energy system, as defined in RSA 72:65.
<b>ELECTRIC ENERGY STORAGE SYSTEMS</b> RSA 72:84 and RSA 72:85	Determined by vote of the municipality pursuant to RSA 72:85.	Any person owning real property equipped with an electrical energy storage system, as defined in RSA 72:84.
<b>RENEWABLE GENERATION AND ELECTRIC ENERGY STORAGE SYSTEMS</b> RSA 72:87	Determined by vote of the municipality pursuant to RSA 72:87.	Any person owning a renewable generation facility, as defined in RSA 72:73, an electrical energy storage system, as defined in RSA 72:84, and any person or facility qualifying for exemption as defined in RSA 72:87.





2026 Town of Belmont EXEMPTION WORKSHEET

OFFICIAL USE ONLY:

Map/Lot Serial# Acct# Ex Group: D B E65 E75 E80 Exemption Amount A D By:

The Exemption Worksheet must be completed in order to qualify under the requirements of RSA 72:33, VI for an Elderly (72:39-a) or Disabled (72:37-b) Exemption. 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. Alternate contact if you can't be reached: (Name) (Phone number)
17. Do you give consent for us to discuss your application with the alternate contact above? YES NO

If YES, please initial here to give consent: or provide a Durable Power of Attorney.

Notes/Comments for Assessing Office Only

# INCOME INFORMATION

FOR THE PERIOD JANUARY 1 TO DECEMBER 31, 20\_\_\_\_\_

Mark \$0 or N/A on lines that do not apply to you.

	Owner #1	Owner #2 (Spouse)
Social Security (from SSA-1099 Statement, Box 5)	\$ _____	\$ _____
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 \_\_\_\_\_ Age/s: \_\_\_\_\_

Any amount contributed to household \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(rent, help with bills, expenses, or assistance paid annually)

Total ANNUAL 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: \_\_\_\_\_ Vehicle 2: \_\_\_\_\_  
(Year, Make, Model) (Mileage) (Year, Make, Model) (Mileage)

Value \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

Trailer/RV: \_\_\_\_\_ \*: \_\_\_\_\_  
(Year, Make, Model) (Mileage) (\* Boat or other recreation vehicle)

Value \$ \_\_\_\_\_ 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), including *October, November and December*, 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, Electrical Assistance
Contributions to the household from relatives, friends, housemates, tenants, renters, etc.
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 including October, November and December of the prior year.
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. <i>(Also requires completed PA-33 form.)</i>
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.



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

### Municipal Notes/History: