



City of Portsmouth, NH EXEMPTION WORKSHEET For Tax Year 2019

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, 2019.

OFFICIAL USE ONLY:

Parcel ID _____
Age as of April 1: _____
Ex Group: **D 65 75 80**
Income _____ Assets _____
Assessment _____
Exemption Amount _____
A/D _____ By _____

Please print all information clearly:

- Applicant's Name: _____ Telephone # _____
- Applicant's Date of Birth: _____ Email Address: _____
- Spouse's Name: _____ Telephone # _____
- Spouse's Date of Birth: _____ Email Address: _____
- Mailing Address: _____
- Winter or Alternate Address: _____
- Marital Status (**circle one**): **Married** (____ # years married) **Single** **Divorced** **Widow/er**
- Property Address of Which Exemption is Sought: _____ Acreage: _____
- Property Type (**circle one**): **Single Family** **Single Fam. w/ In-Law Apt** **Multi-Family** (____ # Units)
- Residence Owned: **Jointly** **In Common** **Solely** **Revocable Trust** **Irrevocable Trust** **Life Estate**
- I have been a legal resident of NH since _____ Number of Years Owned Residence: _____
- List primary residence/s for last five (5) years: _____
- 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: _____
- Will you be filing a federal income tax return this year? **YES NO** If NO, must submit verification (IRS 4506-T).
- Will you be filing an interest and dividend tax return to the State of New Hampshire? **YES NO**
- 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 or Durable Power of Attorney.
- Alternate contact if you cannot be reached: _____
(Name) (Phone number)

FINANCIAL DISCLOSURE

LIST ALL SOURCES OF INCOME DURING THE PRIOR CALENDAR YEAR:

1. Social Security/Pensions/IRAs:

2. Interest/Dividends Earned:

3. Government Assistance:

4. Please check all sources of income that apply to you for the previous calendar year:

<input type="checkbox"/> Alimony or Child Support	<input type="checkbox"/> Employment	<input type="checkbox"/> Trust Income
<input type="checkbox"/> Housing Authority Assistance	<input type="checkbox"/> Home Business or Self-Employed	<input type="checkbox"/> Lottery winnings
<input type="checkbox"/> Room or Unit Rental	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Disability Insurance
<input type="checkbox"/> Room/Board or Stipend	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Royalties
<input type="checkbox"/> Monetary assistance from family member/friend		<input type="checkbox"/> VA Pension

LIST ALL ASSETS YOU CURRENTLY OWN:

5. Bank Accounts:

(Name of Bank/Type of Account)

6. Investments:

(Name of Company):

7. Vehicles/Recreational Vehicles:

(Mileage/Make/Model/Year/Color)

8. List addresses of all real estate you currently own:

9. Check any that apply to you:

☐
☐

Savings Bonds

Whole Life Insurance

☐
☐

Art Collection

Antique Collection

10. Estimated value of cash, household goods, appliances, furniture, yard equipment, etc.

\$ _____

11. Estimated value of personal items, jewelry, furs, coins, art, antiques, collectibles, etc.

\$ _____

12. Estimated value of business equipment & description: _____

\$ _____

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 City of Portsmouth, 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*

____ **The City of Portsmouth 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