



# City of Portsmouth, NH EXEMPTION WORKSHEET For Tax Year 2017

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, 2017.

**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:***

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: \_\_\_\_\_
14. Will you be filing a federal income tax return this year?   **YES**   **NO**   If NO, must submit verification (IRS 4506-T).
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 or Durable Power of Attorney.

### 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 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		

**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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

If you need additional room, please continue on the back of paper.

10. Estimated value of household good, 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 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