



TAX DEFERRAL FOR ELDERLY AND DISABLED QUALIFICATIONS WORKSHEET

This worksheet is to be completed and submitted along with all supporting documentation. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application.

NEW APPLICANT EXISTING / REVIEW (Please check one)

Please print all information clearly:

Applicant's Name: _____ Date of Birth _____

Principle Place of Abode: _____

Mailing Address: _____

Date of NH Residency _____

INCOME: Please list income from all sources, amounts of all per year and attach supporting documentation such as social security statements, W-2's and 1099's to this worksheet.

SOURCE:	Total Yearly Amount	List Supporting Documentation
Social Security:	\$ _____	_____
Pension & Retirement	\$ _____	_____
Wages:	\$ _____	_____
Rental Income:	\$ _____	_____
Interest Income:	\$ _____	_____
Other Income: Annuities; IRA Distributions; Dividends; Etc	\$ _____	_____
TOTAL INCOME:	\$ _____	

ASSETS: Please list all assets owned. Attach most recent 3 months of bank statements – ALL PAGES and any other supporting documentation.

<u>INSTITUTION NAME:</u>	<u>TYPE:</u>	<u>VALUE/AMOUNT</u>	<u>STATEMENT DATE</u>
_____	Checking	_____	_____
_____	Savings	_____	_____
_____	IRA	_____	_____
_____	Mortgage (Reverse)	_____	_____
_____	Other	_____	_____

VEHICLES / BOATS / ANTIQUES / OTHER:

- A. Car: Make / Model / Year / Mileage _____ Est. Value \$ _____
- B. Car: Make / Model / Year / Mileage _____ Est. Value \$ _____
- C. Boat / Model / Year _____ Est. Value \$ _____
- D. RV / Model / Year _____ Est. Value \$ _____
- E. Antiques / Collections _____ Est. Value \$ _____
- F. Other (Description) _____ Est. Value \$ _____

REAL ESTATE: Include all real estate owned anywhere including residence.

Property Type _____ In Town/State _____
 **Provide copy of property tax bill. Estimated Market Value \$ _____

TOTAL OF All ASSETS \$ _____

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 and that this is my primary place of abode per RSA 72:38-a. 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 Derry**. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TELEPHONE: _____

PLEASE RETURN THIS QUESTIONNAIRE AND ALL SUPPORTING DOCUMENTATION BY MARCH 1st OF THE QUALIFYING TAX YEAR

ABOVE CALCULATIONS BASED UPON FINANCIALS PRODUCED BY PROPERTY OWNER. DESCRIPTION OF FINANCIAL IS SHOWN UNDER CATEGORY. THIS WORKSHEET WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT AND IT MAY ALSO BE USED BY THE TOWN IN DEFENSE OF ANY ACTION TAKEN AS A RESULT OF DECISION RENDERED ON INFORMATION CONTAINED HEREIN. REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).

Reviewed By: _____ Date: _____