

# Disability Tax Exemption Qualifications Work Sheet Kingston, New Hampshire

This worksheet is to be filed along with State Form PA-29 (the Permanent Application for Property Tax Credit/Exemptions) **on or before April 15th** .

*All information provided will be treated confidentially. The Selectmen are authorized under RSA 72:33, VI to require re-filing and re-submittal of qualifying documentation periodically (although no more frequently than annually).*

Additional to this form and the PA-29, if you hold a life estate or the property is owned by a trust, you must file a completed form PA-33 (Statement of Qualification) and submit a copy of the deed showing the assigned ownership or a copy of the declaration of Trust.

Applicant: \_\_\_\_\_

Spouse \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of establishing N. H. Residency \_\_\_\_\_

**INCOME:**

	<u>Applicant</u>	<u>Spouse</u>	<u>Documentation</u>
Social Security:	\$ _____	\$ _____	_____
Pension & Retirement:	\$ _____	\$ _____	_____
Wages:	\$ _____	\$ _____	_____
Rental Income:	\$ _____	\$ _____	_____
Interest Income:	\$ _____	\$ _____	_____
Other Income:	\$ _____	\$ _____	_____
<b>TOTAL:</b>	\$ _____	\$ _____	_____

If you have filed any of the following, please provide a copy:

- 1 State of New Hampshire Interest and Dividend Tax Return
- 2 Federal Income Tax Form
- 3 Any other documents necessary to verify eligibility

Check here if the applicant or applicant's spouse are not required to file a Federal Income Tax Return. Please sign below, under penalty of perjury.

Signature: \_\_\_\_\_

**ASSETS:**

	<u>Bank Name</u>	<u>Balance</u>	<u>Date (Provide Statements)</u>
Checking Acct.	_____	_____	_____
Savings Acct.	_____	_____	_____
CD/IRA	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

	<u>Make/Model</u>	<u>Year</u>	<u>Mileage</u>
Vehicle	_____	_____	_____
Vehicle	_____	_____	_____
Boat	_____	_____	
RV	_____	_____	
Other	_____	_____	

Other Real Estate      Location: \_\_\_\_\_ *Provide most recent Tax Bill*

*I swear under penalty of perjury that the information provided on this form 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 Kingston. I release all persons whomsoever from any liability resulting from release of this information.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Phone Number      \_\_\_\_\_

Email Address      \_\_\_\_\_

- Your statement of eligibility (current award letter) from the Social Security Administration must be provided.