DISABLED EXEMPTION REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS

- I. RSA 72:37a provides the following exemptions based on ASSESSED value for qualified taxpayers:
 - For a resident who is 100% totally and permanently disabled
- II. Requirements and Conditions
 - A. Applicant must have been a resident of New Hampshire for at least five (5) years preceding April 1st of the year in which the exemption is claimed.
 - B. 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 past 5 years. Own the real estate individually, jointly or if the real estate is owned by his or her spouse, they must have been married and living together for at least 5 years. If the applicant is the true and lawful beneficial interest owner of a trust, that qualifies under the same guidelines as any other owner of property. They must satisfy the Board of Selectmen that they are the true beneficiary of the trust.
 - C. The taxpayer must have a net income (including Social Security) of less than \$24,400 if single, or, if married, a combined net income of less than \$32,400 in the year preceding said April 1st. ALL FIGURES LISTED FOR INCOME MUST BE FOR THE ENTIRE YEAR.

VERIFICATION OF ALL INCOME MUST BE SUBMITTED

D. Own net assets of \$50,000 or less, excluding the value of the persons' actual residence and the value of a minimum single family lot or 2 acres, whichever is greater. Additional units in multi-family housing is not excluded and should be listed as an asset. Income from units should be listed under rental income.

Definition of Net Income: Income from any source including Social Security or pension excluding the following:

- a) Life insurance paid on the death of an insured; however will be considered an asset for the following year.
- b) Expenses and costs incurred in the course of conducting a business enterprise;
- Proceeds from the sale of assets; however will be considered an asset for the following year.

Definition of Net Assets: The value of all assets, tangible and intangible excluding the following:

- a) 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 family residential lot size specified in the local ordinance.
- b) The value of any good faith encumbrances.
 - E. The application for exemption must be filed on or by April 15st after the final tax billing.

III. Eligibility

- A. In order for the Board of Selectmen to examine the application will need you to submit copies of the following with your application so we may confirm the right to the exemption. ***If this documentation is not submitted your application will not be reviewed.
- Federal Income Tax return form for previous year (if you have to file)
- State interest and dividend tax form (if you have to file)
- > Inventory form filed on property owned in another town/city
- Copies of 6 months of your bank statements (checking & savings if they apply)
- > Documents verifying all income (1099's W2's, etc)
- Proof from the Social Security Office that you are disabled
 - B. Any documents submitted shall be considered to be confidential to protect the privacy of the applicant and kept with the application in an area separate from public documents.
 - C. The Board of Selectmen shall grant the exemption provided:
 - 1. The taxpayer qualifies in all categories.
 - 2. They are satisfied that the applicant has not willfully made any false statements in the application for the purpose of obtaining the exemption and,
 - 3. The applicant cooperated with the Board of Selectmen's request for further documentation if it applies.

IV. Filing

A. An application and information sheet may be obtained from the Gorham Selectmen's Office for first time filers. An annual update form will be mailed to all taxpayers currently on the exemption list. *This form MUST* be filled out completely, signed and returned to:

Town of Gorham Attn: Michelle 20 Park Street Gorham, NH 03581

The official deadline for filing a Disabled Exemption is April 15th after the final tax bill.

Town of Gorham

Application for Disabled Exemption (RSA 72:37a)

This is a double sided form. Please fill out each area carefully, on both sides.

Please be sure that you sign at the end of the form in the signature area provided.

1. Personal Information

a. Applicant Name(s)		
b. Mailing Address		
c. Marital Status: Married	Single	Widow(er)
d. Residence Owned: Solely Joint T	With Spouse Tenat	With Others nts In Common
e. Number of years owned residence	_	
f. I have been a legal resident of New Han	npshire since	
g. Age (at last birthday)	Date of Birth	/
h. Do you own real estate other than your	occupied NH residence?	Yes No
2. Income Information (year-end amounts)		
	Owner #1	Owner #2
a. Social Security		
b. Pension & Retirement		
c. Wages		
d. Rental Income		
e. Other Income		
Total Income	LIM \$24,400 single	
**Please check the following that applies to you:		
Are you required to file an interest and dividend tax your return.	return to the State of NH	?If yes, please provide a copy of
Are you required to file an IRS tax return? If	yes, please provide a cop	y of your federal income tax return
**Please submit verification of your Social Security disability.	you receive each year an	d proof from Social Security of

3. Asset Information	n						
a. Type of prop	perty for which exem	ption is being cla	aimed: singl	e family_	mu	ılti family	
b. If multi fami	ly, in which unit do	you reside?		_			
	tocks, bonds, certific				mutual fund	s, annuities, etc.	Please
	YOU MUST SUB ENCLOSE Y	MIT VERIFIC. YEAR END BA				s.	
Annuity Val	ue	Stock & Bond	l Value		Mutual Fun	ds	
Certificates of	of Deposits	Money Marke	et Shares		Other		
d. List current bal	ances of all banking	and savings acco	ounts in your	or your s	pouse's nam	ne.	
YOU MUST SU	BMIT COPIES OF	THE LAST 6	MONTHS P	RIOR Y	EAR BANK	X STATEMENTS	<u>S.</u>
Savings accor	ounts: Institu	tion			Balance		
Checking ac-	counts Institu	tion			Balance		
Other account	nts Institu	Institution			Balance		
e. Estimated valu	ue of furniture, jewel	ry, furs, antiques	s, etc: \$		(MUST BE	COMPLETED)	
f. Vehicles: Plea	ase provide the follow	ving information	: (please inc	lude any	RV's, boats,	motorcycles, etc.)
Car Make						t. Value	
• 4 Door	2 Doo	r	Mileage				
						t. Value	
• 4 Door	2 Doo	r	_ Mileage				
RV/Motorcy	cle	Model		Year	Es	t. Value	
Boat Make_		Model		Year	Es	t. Value	
• Real Estate: real estate.	Other than your occ	upied NH reside	nce, please p	rovide th	e following	information on otl	her
• Property type	e	Town & State	<u>:</u>		Es	t. Value	
TC	TAL ASSETS: \$_				\$50,000 L	IMIT	
I swear under penalty	of perjury, that all th	ne above is corre	ct and accura	ite accoui	nting of my f	financial condition	n 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 Gorham assessing office. I release all persons whomsoever from any liability arising out of or resulting from the release of this information

SIGNATURE:	DATE:	