Disabled Exemption Criteria (RSA 72:37 B&C)

Any resident who may be eligible for an exemption must file a Permanent Application form (PA-29) with the Assessing Department by ***April 15th.***

Criteria:

1. The applicant must have been a New Hampshire resident for **five years** prior to April 1st.
2. The applicant must have owned the residence by April 1st individually or jointly, or if a spouse owns the residence, they must have been married for at least **five years.**
3. The applicant must have a net income of less than $35,000. If married, a combined net income of less than $50,000.
4. Net income is to be determined by deducting from all monies received from any source whatsoever, the amount of any of the following, or the sum thereof:
    a. Life insurance paid on the death of the insured
    b. Expenses and costs incurred with conducting a business enterprise
    c. Proceeds from the sale of assets
5. The applicant cannot have assets in excess of $110,000, excluding the value of the dwelling. Any units of a multi-family home not occupied by the exemption recipient are considered to be an asset.
6. If your income or asset level changes and you no longer qualify for the exemption, you are obligated by law to advise the Assessing Department
7. If your property is held in a trust, you must supply a copy of the trust instrument and a State of Qualification (PA-33) must be completed and submitted with the appropriate documents (see below).

Disabled homeowners, regardless of age, may apply for the disabled exemption.
Also, proof of100% disability must be provided through Social Security Administration.

If Approved: Exemption = $70,000

Documents required for NEW Applicants

- ❑ SSA – 1099 Statement (Social Security Benefit Statement)
- ❑ Previous year's income tax form – If not filing a federal income tax form, the following forms will be required if applicable:
    - o 1099R – Distribution of pensions, annuities
    - o W-2 Wage Statements
    - o 1099 Interest Statements
- ❑ Bank statements and verification of assets listed

FORM
PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS

DUE DATE APRIL 15th PRECEDING THE SETTING OF THE TAX RATE
CALL YOUR CITY/TOWN FOR INCOME AND ASSET LIMITS

There is a separate page of instructions (pages 3 & 4) that accompany this form. If you do not receive the instructions, please visit our web site at www.nh.gov/revenue or contact your city/town.

STEP 1 NAME AND ADDRESS

PROPERTY OWNER'S LAST NAME | FIRST NAME | INITIAL

PROPERTY OWNER'S LAST NAME | FIRST NAME | INITIAL

MAILING ADDRESS

CITY/TOWN | STATE | ZIP CODE

CITY/TOWN TAX MAP # | BLOCK # | LOT #

ADDRESS OF PROPERTY

PROPERTY OWNER'S NAME

STEP 2 VETERANS' TAX CREDITS/EXEMPTION

1 Veteran's Name

2 Date of Entry into Military Service | 3 Date of Discharge/Release from Military Service

4 ☐ Veteran ☐ Spouse ☐ Surviving Spouse

☐ Veterans' Tax Credit
☐ Credit for Service Connected Total and Permanent Disability
☐ Credit for Surviving Spouse of Veteran Who Was Killed or Died on Active Duty

Veteran of Allied Country

5 Name of Allied Country Served in _____ 6 Branch of Service _____

7 ☐ US Citizen at time of entry into the Service 8 ☐ Alien but Resident of NH at time of entry into the Service

9 Does any other eligible Veteran own interest in this property? ☐ No ☐ Yes If **YES,** give name _____

10 ☐ Total Veteran Exemption ☐ (a) Veteran ☐ (b) Surviving Spouse of that Veteran

PROPERTY OWNER'S NAME

STEP 3 OTHER EXEMPTIONS

11 ☐ Elderly Exemption Applicant's Date of Birth _____ Spouse's Date of Birth _____
Must be 65 years of age on or before April 1st of year for which exemption is claimed.

12 ☐ Disabled Exemption ☐ Blind Exemption ☐ Deaf Exemption

☐ Solar Energy Systems Exemption
☐ Woodheating Energy Systems Exemption
☐ Wind-Powered Energy Systems Exemption

STEP 4 IMPROVEMENTS

13 ☐ Improvements to Assist Persons with Disabilities ☐ Improvements to Assist the Deaf

STEP 5 RESIDENCY

14 ☐ This is my primary residence
☐ NH Resident for one year preceding April 1st in the year in which the tax credit is claimed (Veterans' Credit)
☐ NH Resident for **Five Consecutive Years** preceding April 1st in the year the exemption is claimed (**Disabled & Deaf Exemptions**)
☐ NH Resident for **Three Consecutive Years** preceding April 1st in the year the exemption is claimed (**Elderly Exemption**)

TAX MAP/BLOCK/LOT

STEP 6 OWNERSHIP

15 Do you own 100% interest in this residence? ☐ Yes ☐ No If **NO,** what percent (%) do you own? _____

STEP 7 SIGNATURES

Under penalties of perjury, I hereby declare that the above statements are true.

SIGNATURE (IN INK) OF PROPERTY OWNER | DATE

SIGNATURE (IN INK) OF PROPERTY OWNER | DATE

WHEN TO FILE

Deadline: Form PA-29 must be filed by April 15th *preceding* the setting of the tax rate. The assessing officials shall send written notice to the taxpayer of their decision by July 1st *prior* to the date of notice of tax. Failure of the assessing officials to respond shall constitute a denial of the application. Example: If you are applying for an exemption and/or credit off your 2011 property taxes, which are due no earlier then December 1, 2011, then you have until April 15th, 2011 to file this form. The assessing officials have until July 1st, to send notice of their decision. Failure of the assessing officials to respond shall constitute a denial of the application.

A late response or a failure to respond by assessing officials does not extend the appeal period.

Date of filing is when the completed application form is either hand delivered to the city/town, postmarked by the post office, or receipted by an overnight delivery service.

APPEAL PROCEDURE

If an application for a property tax exemption or tax credit is denied by the town/city, an applicant may appeal in writing on or before **September 1st** *following* the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2010 property taxes, you have until September 1, 2011, to appeal.
Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

FORM
PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS

TO BE COMPLETED BY CITY/TOWN ASSESSING OFFICIALS

MUNICIPAL AUTHORIZATION

VETERANS' TAX CREDIT

CITY/TOWN TAX MAP # | BLOCK # | LOT #

		Granted	Denied	Date
☐ Veterans' Tax Credit ($50 minimum to $500)	Amount $ _____	☐	☐	_____
☐ Service Connected Total & Permanent Disability ($700 minimum to $2000)	Amount $ _____	☐	☐	_____
☐ Surviving Spouse of Veteran Who Was Killed or Who Died on Active Duty ($700 minimum to $2000)	Amount $ _____	☐	☐	_____
☐ Review Discharge Papers (Form DD214), Form # _____				
☐ Other Information _____				

VETERANS' EXEMPTION

			Granted	Denied	Date
☐ Total Exemption	☐ (a) Veteran	☐ (b) Surviving Spouse	☐	☐	_____

APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS

Income Limits	Disabled Exemption	Elderly Exemption
Single	$	$
Married	$	$
Asset Limits		
Single	$	$
Married	$	$

Elderly Exemption Per Age Category	
65 - 74 years of age	$
75 - 79 years of age	$
80 + years of age	$

OTHER EXEMPTIONS

		Granted	Denied	Date
☐ Elderly Exemption	Amount $ _____	☐	☐	_____
☐ Disabled Exemption	Amount $ _____	☐	☐	_____
☐ Improvements to Assist the Deaf	Amount $ _____	☐	☐	_____
☐ Improvements to Assist Persons with Disabilities	Amount $ _____	☐	☐	_____
☐ Blind Exemption	Amount $ _____	☐	☐	_____
☐ Deaf Exemption	Amount $ _____	☐	☐	_____
☐ Solar Energy Systems Exemption	Amount $ _____	☐	☐	_____
☐ Woodheating Energy Systems Exemption	Amount $ _____	☐	☐	_____
☐ Wind-Powered Energy Systems Exemption	Amount $ _____	☐	☐	_____

A photocopy of this Form (Pages 1 & 2) or a Form PA-35 must be returned to the property owner after approval or denial before July 1st.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II:

- ☐ List of assets, value of each asset, net encumbrance and net value of each asset.
- ☐ * Statement of applicant and spouse's income.
- ☐ * Federal Income Tax Form.
- ☐ * State Interest and Dividends Tax Form.
- ☐ * Property Tax Inventory Form filed in any other town.

* **Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.**

Municipal Notes

Selectmen/Assessor(s) Printed Name	Signatures(s) of Approval (in ink)	Date

FORM
PA-29
Instructions

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS

GENERAL INSTRUCTIONS

WHERE TO FILE	File with your city/town of primary residency by April 15th *preceding* the setting of the tax rate.		
WHO MAY FILE	Applicant must be qualified as of April 1st of the year the exemption and/or tax credit is claimed. Financial qualifications required for certain exemptions must be met by the time of application. An applicant must have resided in this state for at least one year preceding April 1st, in the year in which the veterans' tax credit is claimed. An applicant must have resided in this state for a least three years preceding April 1st in the year for which the elderly exemption is claimed and five years in which the deaf or disabled exemption is claimed. The terms owner, own or owned, shall include those persons who hold equitable title or the beneficial interest for life in the property.		
CREDITS	Tax **credits** approved will be deducted from their property tax amount.		
EXEMPTIONS	Tax **exemptions** approved are deducted from the amount of the property owner's total assessed value prior to the calculation of tax due.		
ELDERLY EXEMPTIONS RSA 72:39-a RSA 72:33-b	Applicant must have resided in this state for at least 3 consecutive years preceding April 1st in the year which the exemption is claimed. Property must be: owned by a resident; or owned by a resident jointly or in common with the resident's spouse, either of whom meets the age requirement for the exemption claimed; or owned by a resident jointly or in common with a person not the resident's spouse, if the resident meets the applicable age requirement for the exemption claimed; or owned by a resident, or the resident's spouse, either of whom meets the age requirement for the exemption claimed, and when they have been married for at least 5 years. 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 preceding five years. Property must meet the definition of residential real estate, per RSA 79:39-a(c), which includes the housing unit, which is the person's principal home and related structures such as a detached garage or woodshed. It does not include attached dwelling units and unattached structures used or intended for commercial or other non-residential purposes. If fractional interest is owned, see RSA 72:41, Proration.		
ELDERLY, DEAF & DISABLED FINANCIAL QUALIFICATIONS RSA 72:39-a RSA 72:38-b RSA 72:37-b	INCOME LIMITATION	Includes Income from any source including Social Security or pension.	Excludes Life insurance paid on the death of an insured; Expenses and costs incurred in the course of conducting a business enterprise; Proceeds from the sale of assets.
	ASSET LIMITATION	Includes The value of all assets, tangible and intangible.	Excludes 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 single family residential lot size specified in the local zoning ordinance. The value of any good faith encumbrances.
ADA COMPLIANT	Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.		

LINE-BY-LINE INSTRUCTIONS

STEP 1 NAME & ADDRESS	Type or print the property owner(s) name and address in the spaces provided. Also, enter the Tax Map, Block, Lot numbers and the property (Location) address for which the credit or exemption applies.
STEP 2 VETERAN'S TAX CREDIT/ EXEMPTION	Line 1 Enter the Name of the Veteran. Line 2 Enter the date of entry into military service. Line 3 Enter the date of discharge or release from military service. Line 4 Check the box or boxes that apply to indicate whether you are a veteran, veteran's spouse or surviving spouse of a veteran and what type of credit(s) you are applying for. Line 5 Enter the name of the Allied Country in which you served, if applicable. Line 6 Enter the Branch of Service that you served in. Line 7 Check the box if you were a US citizen at the time of entry into the service. Line 8 Check the box if you were an alien but a resident of NH at the time of entry into the service. Line 9 Check the appropriate box to indicate if another veteran owns an interest in this property. If yes, provide name. Line 10 Check the appropriate box(es) to indicate whether you are applying for a total veteran's exemption.
STEP 3 OTHER EXEMPTIONS	Line 11 If an elderly exemption is requested, check that box and enter the applicant's date of birth. And if appropriate, enter the spouse's date of birth. Line 12 Check the appropriate box or boxes to indicate the exemption(s) you are applying for.
STEP 4 IMPROVEMENTS	Line 13 Check the box if your property has improvements to assist persons with disabilities or to assist the deaf.
STEP 5 RESIDENCY	Line 14 Check the box or boxes to indicate that you meet the minimum resident time requirements listed. NOTE: The surviving spouse tax credit under 72:28 III and 72:29-a may be applied on any property in the same municipality where the applicant is a resident.
STEP 6 OWNERSHIP	Line 15 Check the box indicating whether or not you own 100% of the property. If no, give the percentage that you do own.
STEP 7 SIGNATURES	All property owners must sign in ink. Attach additional pages with owners signatures if there are more than two owners of record.

FORM
PA-29
Instructions

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS

Web site for the Veterans' qualifying medals and discharge papers: www.nh.gov/revenue munc_prop/propertyappraisal.htm then click on either Veterans Medals List or Veterans Qualifying Discharge Papers.

TYPE OF CREDIT OR EXEMPTION	AMOUNT	WHO MAY APPLY
STANDARD TAX CREDIT RSA 72:28	$50 ($51-$500 if RSA 72:28-a is adopted) is subtracted from the taxes due on the applicant's **RESIDENTIAL** property occupied as veteran's principle place of abode. For Veteran's surviving spouse: See RSA 72:28 II. For Proration: See RSA 72:30.	Every resident in the U.S. who served not less than 90 days in the armed forces in any of the qualifying wars or armed conflicts, as listed in RSA 72:28, and was honorably discharged; or the spouse or surviving spouse of such resident. • 'Under Honorable Conditions' does not qualify.
SURVIVING SPOUSE TAX CREDIT RSA 72:29-a	$700 ($701-$2000 if RSA 72:29-b is adopted) is subtracted from taxes due on the applicant's property, whether residential or not.	The surviving spouse of any person who was killed or died while on active duty in the armed forces, as listed in RSA 72:28, so long as the surviving spouse remains single.
SERVICE-CONNECTED TOTAL DISABILITY TAX CREDIT RSA 72:35	$700 ($701-$2000 if RSA 72:35-a is adopted) is subtracted from the property taxes due on the applicant's residential property.	Any person who: • has been honorably discharged and who has a total and permanent service-connected disability; OR • is a double amputee or paraplegic because of the service-connected injury; OR • is the surviving spouse of above qualified veteran and remains single.
EXEMPTION FOR CERTAIN DISABLED SERVICEMEN RSA 72:36-a	"...shall be exempt from all taxation on said homestead..."	Any person, who: • is discharged from the military services of the U.S. under conditions other than dishonorable, or an officer who is honorably separated from military service; AND • is totally and permanently disabled from service connection and satisfactory proof of such service connection is furnished to the assessors; AND • is a double amputee of the upper or lower extremities or any combination thereof, paraplegic, or has blindness of both eyes with visual acuity of 5/200 or less as the result of service connection; AND • owns a specially adapted homestead which has been acquired with the assistance of the Veterans Administration or owns a specially adapted homestead which has been acquired using proceeds from the sale of any previous homestead which was acquired with the assistance of the Veterans Administration.

IMPROVEMENTS TO ASSIST PERSONS WITH DISABILITIES AND THE DEAF

EXEMPTION	AMOUNT OF EXEMPTION	WHO MAY APPLY
IMPROVEMENTS TO ASSIST PERSONS WITH DISABILITIES RSA 72:37-a and RSA 72:38-b	The value of improvements made for the purpose of assisting a person with a disability or deafness is deducted from the assessed value of the residential real estate.	Any person owning residential real estate upon which he resides and to which he has made improvements for the purpose of assisting a person with a disability or deafness who also resides on such real estate.

THE OPTIONAL EXEMPTIONS BELOW MUST BE ADOPTED BY THE MUNICIPALITY BEFORE ANYONE MAY APPLY

EXEMPTION	AMOUNT OF EXEMPTION	WHO MAY APPLY
DISABLED RSA 72:37-b RSA 72:37-c	Amount of the exemption, and the level of income and assets (excluding the value of the property owner's residence) are determined by vote of the city/town, per RSA 72:37-c.	Any person eligible under the Federal Social Security Act for benefits to the disabled, and who has been a New Hampshire resident at least 5 years by April 1st of the year the exemption is claimed. **NOTE: See Financial Qualifications on page 3.**
BLIND EXEMPTION RSA 72:37	$15,000 (unless the city/town votes an increase) is subtracted from the assessed valuation.	Every inhabitant owning residential real estate, who is legally blind, as determined by the administrator of blind services of the vocational rehabilitation division of the education department.
DEAF EXEMPTION RSA 72:38-b	$15,000 (unless the city/town votes an increase) is subtracted from the assessed valuation.	NH Residents who are deaf or severely hearing impaired and have been a NH resident for more than 5 consecutive years and meet the income and asset requirements.
SOLAR ENERGY SYSTEMS RSA 72:61	Determined by vote of the city/town, per RSA 72:63.	Any person owning real property equipped with a solar energy heating or cooling system, as defined in RSA 72:61.
WOODHEATING ENERGY SYSTEMS RSA 72:69	Determined by vote of the city/town, per RSA 72:71.	Any person owning real property equipped with a woodheating energy system, as defined by RSA 72:69.
WIND-POWERED ENERGY SYSTEMS RSA 72:65	Determined by vote of the city/town, per RSA 72:67.	Any person owning real property equipped with a wind-powered energy system, as defined by RSA 72:65.

FORM
PA-33

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

STATEMENT OF QUALIFICATION

For Property Tax Credit or Exemption Under RSA 72:33,V

(to be submitted with Form PA-29)

USE THIS FORM ONLY IF YOUR PROPERTY IS HELD IN A TRUST OR AS A LIFE ESTATE

WHO	To be completed by property owners wishing to establish their status as holding equitable title/the beneficial interest owner of a trust, or holding a life estate in a property.
WHY	Chapter 102, Laws of 1994 has made it possible for a property owner to put their property into a trust or life estate and still be eligible for the property tax credit or exemption for which they were qualified.
WHEN	This completed form shall be submitted with the Permanent Application Form PA-29 (RSA 72:33) for property tax credit or exemption, to the local assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be refiled unless the status of the trust or life estate is changed or altered.

TYPE OR PRINT

LAST NAME	FIRST NAME	INITIAL
MAILING ADDRESS		
CITY/TOWN	STATE	ZIP CODE
LOCATION OF PROPERTY: ADDRESS		CITY/TOWN

I am eligible for a property tax credit or exemption against the property for which a Permanent Application Form PA-29, has been made, and do qualify as the owner of the property under 72:29,VI based upon the following: (check one)

☐ **Equitable title holder, life interest or beneficial interest owner of a trust**
If this statement is checked, you must supply a copy of:
(a) a Trust Instrument as defined in RSA 564-B:1-103 (20) **OR**
(b) a Certification of Trust prepared in accordance with RSA 564-B:10.

Name of Trust: _____

☐ **Life estate owner**
If this statement is checked, you must supply a copy of the deed showing the assigned ownership of the life estate.

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details: _____

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

X _____ _____
SIGNATURE (IN INK) DATE

_____ _____
PRINT NAME TELEPHONE NUMBER

ELDERLY TAX EXEMPTION QUALIFICATIONS WORKSHEET

(MAY BE USED FOR REQUALIFICATIONS. MAY ALSO BE USED FOR BLIND, DEAF OR DISABLED EXEMPTIONS WITH 3 YEAR NH RESIDENCY REQUIREMENT)

RSA 72:33, VI allows Selectmen or Assessing Officials to require those receiving tax exemptions or credits to re-file their qualifying information periodically but no more frequently than annually. Failure to file such periodic statements may, at the discretion of the Assessing Officials, result in a loss of the exemption or tax credit for that year.

Town Name: TOWN OF NEWMARKET

Town Address: 186 MAIN ST NEWMARKET, NH 03857

This worksheet is to be completed and submitted along with completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application. Please note the following **Income and Asset Limits** when considering submission of your application:

INCOME LIMITS:	Single **$35,000**	Married **$50,000**
ASSET LIMIT:	Single **$110,000**	Married **$110,000**

If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA33 (Statement of Qualification) **and** submit a copy of the deed showing the assigned ownership of the life estate **or** a copy of the Declaration of Trust, including a list of beneficiaries **or** a completed Certification of Trust per RSA 564-B: 10-1013.

Please print all information clearly:

Applicant's Name: _____

Spouse's Name: _____

Property Address: _____

Mailing Address: _____

Date of NH Residency _____

(Three-year NH residency for elderly exemption, Five-year NH residency for all other exemptions.)

INCOME:

Please list the source and amount of all income for year for both you and your spouse.

SOURCE: (Net income)	**Applicant:**	**Applicant's Spouse:**	**Supporting Documentation**
Social Security:	$_____	$_____	_____
Pension & Retirement	$_____	$_____	_____
Wages:	$_____	$_____	_____
Rental Income:	$_____	$_____	_____
Other Income/Annuities:	$_____	$_____	_____
Interest Income:	$_____	$_____	_____
TOTAL INCOME:	$_____	$_____	

If you have filed any of the following – please provide a copy.

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form
3. Any other documents as needed to verify eligibility

Check here if the applicant or applicant's spouse was not required to file a Federal Income Tax Return. _____

ASSETS:

Please list all assets owned (Self & Spouse)
Savings Accounts or Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars etc.)

INSTITUTION NAME:	TYPE:	VALUE/AMOUNT
_____	Checking _____	_____
_____	Savings _____	_____
_____	Savings _____	_____
_____	IRA _____	_____

_____ Other _____ _____

VEHICLES:

A. Make / Model / Year / Mileage _____

Est. Value $_____

B. Make / Model / Year / Mileage _____

Est. Value $_____

C. Boat / Model / Year _____ Est. Value $_____

D. RV / Model / Year _____ Est. Value $_____

E. Other / Description _____ Est. Value $_____

F. Other / Description _____ Est. Value $_____

REAL ESTATE: (not including your primary residence and up to the greater of 2 acres or the minimum single family residential lot size specified in the local zoning ordinance.)

Property Type _____ In Town/State _____

**Provide copy of property tax bill.

Est. 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. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the **[Town]**. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

TELEPHONE NUMBER: _____

PLEASE RETURN THIS QUESTIONAIRE BY _____ / ___ / _____, THANK YOU.

THIS QUESTIONAIRE WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMSSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).