TOWN OF LONDONDERRY-APPLICATION FOR DISABLED EXEMPTION (Page 1 of 2)

RSA 72:37b DEADLINE TO FILE: APRIL 15, 2013

Name of Applicant: Applicant must re-qualify at-least once every 5 years.	If property is in a Trust – Please enter Trust name here.
Name of Spouse (if applicable):	
Applicant's Date of Birth & Age:	Date of Birth: Age:
Spouse's Date of Birth & Age (if applicable):	Date of Birth: Age:
Telephone:	
Address:	
Map/Lot:	
Marital Status:	Single: ☐ Married: ☐ Widow(er): ☐
Residence is Owned…:	Soley: ☐ With Spouse: ☐ With Others: ☐ In Trust: ☐ Joint Tenants: ☐ Tenants in Common: ☐ % Owned:
I have lived in New Hampshire since:	Year:
Previous Address, if less than five (5) years in Londonderry:	
Have you ever received a disabled exemption from any other community in New Hampshire, or other state(s)?	Yes: ☐ No: ☐ If yes, name of other community:

- INCOME INFORMATION - (Enter in Yearly Amounts) -	APPLICANT	SPOUSE
Social Security - for 2012 (Gross Amount): (Includes Supplemental Security Income-SSI, and Social Security for Dependent Children)	$	$
Pension & Retirement - for 2012:	$	$
Wages - for 2012: (Include W-2 & 1099-MISC):	$	$
Other Income - for 2012: (Includes any IRA & 401K Distributions, Annuities, Reverse Mortgages, etc.)	$	$
Interest Income - for 2012:	$	$
Dividends Received - for 2012: (Includes any Stock, Bonds, Capitals Gains, etc.)	$	$
Other Income Received - for 2012: (Includes any financial assistance from others)	$	$
Rental Income Received - for 2012: (Includes any financial assistance from persons living in household)	$	$
Other Income or Assistance not listed above - for 2012: (Includes any Fuel, Electric, Food assistance, etc.)	$	$
Verification of the above MUST be Submitted - Total 2012 Income:	$	$

Life Insurance Payment(s) Received:	$	$
Are you required to file an Interest and Dividend Tax Return to the State of New Hampshire?	Yes: ☐	No: ☐
Did you file an IRS Tax Return for 2012?	Yes: ☐ -Provide 2012 Return -	No: ☐

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- ASSET INFORMATION - (Enter in Yearly Amounts) - Type of property for which exemption is being claimed: If multi-family, in which unit # do you reside?	Single Family: ☐	Multi-Family: ☐ Unit #:
FUNDS List the market value of Stocks, Bonds, Certificates of Deposit, Money Markets, Mutual Funds, IRAs, 401k's, etc.	Type: Institution: Value:	_____ _____ $
	Type: Institution: Value:	_____ _____ $
	Type: Institution: Value:	_____ _____ $
BANK ACCOUNTS List current balances of all bank accounts in your (and your spouse's name – if applicable): You must submit copies of your most recent bank statement(s) from all banks including all pages.	Checking: Institution: Balance:	_____ _____ $
	Savings: Institution: Balance:	_____ _____ $
	Other: Institution: Balance:	_____ _____ $
VEHICLES Please provide the following vehicle information: Please call dealer, or use Kelley Blue Book to get the estimated value. (Includes Cars, Trucks, Boats, RV's, Motorcycles, etc.)	Make: Model: Year: Mileage: Est. Value:	_____ _____ _____ _____ $
	Make: Model: Year: Mileage: Est. Value:	_____ _____ _____ _____ $
	Make: Model: Year: Mileage: Est. Value:	_____ _____ _____ _____ $
Verification of the above MUST be Submitted - Total 2012 Assets:	$	$

OTHER REAL ESTATE Current mortgage on your Londonderry, NH residence?	Balance:	$
Bank holding mortgage? Please provide copy of mortgage statement.	Bank Name:	
Is there a reverse mortgage on your property? If yes, amount?	Yes: ☐ No: ☐	$
Do you own any other real estate other than your Londonderry, NH residence? If yes, please provide a copy of the most recent tax bill for any other real estate owned.	Yes: ☐ Property Type: Town & State: Est. Value:	No: ☐ _____ _____ $

I swear, under the 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 of Londonderry Assessing office. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.

Date: _____	Date: _____
Applicant's Signature:	Spouse's Signature: