

Property ID _____
Granted _____ Denied _____ Initials _____
Date ____/____/____

CITY OF DOVER
APPLICATION FOR 100% DISABLED EXEMPTION (RSA 72:37-b)
APPLICATION IS DUE APRIL 15, 2017 FOR THE 2017 TAX YEAR

Clause #20

Which begins with the December 2017 tax bill

This is a double-sided form. Please fill out each area carefully, on both sides. Please make certain that you sign at the end of the form in the signature area provided.

1. PERSONAL INFORMATION

- a. Applicant Name(s): _____ Telephone # _____
- b. Mailing address: _____
1. Is this your principal place of abode? Yes _____ No _____
- c. Marital Status: Married: _____ Single: _____ Widow(er): _____
- d. Residence Owned: Solely: _____ With Spouse: _____ *With Other(s): _____
*Joint Tenants: _____ *Tenants in Common: _____
- e. Number of Years owned Residence: _____
- f. I have been a legal resident of New Hampshire since 19____
- g. Age: _____ Date of Birth: _____ Spouse's date of birth: _____
- h. Do you own real estate other than your occupied N.H. residence? Yes ___ No ___ (if yes, please attach copy of tax bill)
- i. Do you have a life estate in any other properties? Yes ___ No ___ If yes, please attach copy of latest tax bill

2. INCOME INFORMATION (ANNUAL)

VERIFICATION OF ALL OF THE FOLLOWING MUST BE SUBMITTED

ALL FIGURES LISTED FOR INCOME MUST BE FOR THE ENTIRE YEAR
PLEASE SUBMIT 2016 YEAR-END STATEMENTS VERIFYING TOTAL AMOUNTS

Please submit verification of 2016 total Social Security benefits received from Title II or Title XVI.

	APPLICANT	SPOUSE
a. Social Security:	\$ _____	\$ _____
b. Pension & Retirement:	\$ _____	\$ _____
c. Wages:	\$ _____	\$ _____
d. Rental Income:	\$ _____	
e. Other Income:	\$ _____	(Please specify source: _____)
f. Interest	\$ _____	\$ _____
g. Dividends	\$ _____	\$ _____
h. Total Income:	LIMIT \$38,000 SINGLE/\$52,000 MARRIED \$ _____	

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PLEASE CHECK THE FOLLOWING THAT APPLIES TO YOU:

Are you required to file an IRS tax return? Yes ___ no ___ if yes, please provide a copy of your 2016 federal income tax return.

Are you required to file an interest and dividend tax return to the State of NH? Yes ___ no ___ if yes, please provide a copy of your return.

3. ASSET INFORMATION

a. Type of Property for which exemption is claimed: Single-Family _____ Multi-Family _____

b. If Multi-Family, in which unit do you reside? _____

c. List value of all assets, tangible or intangible (certificates of deposit, stocks, bonds, IRA's, Annuity, money market, mutual funds, etc.):

Please list the Market Value.

YOU MUST SUBMIT VERIFICATION OF THESE AMOUNTS

ENCLOSE 2016 YEAR- END STATEMENTS

• Type ___ CD ___ Institution: _____ Value \$ _____

• Type ___ Stocks ___ Institution: _____ Value \$ _____

• Type ___ Bonds ___ Institution: _____ Value \$ _____

• Type ___ IRA ___ Institution: _____ Value \$ _____

• Type ___ Annuity (other) ___ Institution: _____ Value \$ _____

d. List current balances of all banking and savings accounts in your or your spouses name:

YOU MUST SUBMIT COPIES OF YOUR 2016 YEAR- END BANK STATEMENTS

• Savings Accounts: Institution: _____ Balance \$ _____

• Checking Accounts: Institution: _____ Balance \$ _____

• Other Accounts (Specify): Institution: _____ Balance \$ _____

e. **Estimated value of furniture, jewelry, furs, antiques, etc.: \$ _____ (must be completed)**

f. Vehicles: Please provide the following information: (cars, trucks, boats, trailers, Rv's, snowmobiles)

• Car Make _____ Model _____ Year _____ Est. Value \$ _____

2 door _____ 4 door _____

• Car Make _____ Model _____ Year _____ Est. Value \$ _____

2 door _____ 4 door _____

• **Boat (other)** Make _____ Model _____ Year _____ Est. Value \$ _____

. Real Estate: please provide the following information on real estate other than your principal place of abode:

Property Type _____ Town/City & State _____ Est. Value \$ _____

TOTAL ASSETS: \$155,000 LIMIT \$ _____

SIGNATURE _____ DATE _____