



# Blind Exemption Application

**Deadline: April 15, 2025**

**Approved exemptions are effective for the December 2025 tax bill**

For questions or to schedule an appointment, please call 603-516-6014 or email

[CityAssessors@dover.nh.gov](mailto:CityAssessors@dover.nh.gov)

**Return application to:**

Tax Assessment Office

288 Central Ave,

Dover, NH 03820

Requirements, conditions, and instructions for this application are outlined below:

I. **EXEMPTION AMOUNT (RSA 72:37): \$206,000**

**\*\*This exemption is available for residents who are legally blind as determined by the Services for the Blind & Visually Impaired and can provide required documentation\*\***

II. **APPLICANT REQUIREMENTS:**

- Applicants must submit a copy of a letter indicating that they are registered as legally blind from:  
**Services for Blind and Visually Impaired**  
**21 So. Fruit St, Suite 20**  
**Concord, NH 03301-8508**  
**Call 603-271-3537 to request this letter.**
- Must be the owner of record on or before April 1, 2025
- Must occupy the property as their principal place of abode
- If the property is owned by a trust the applicant must be the true and lawful Beneficial Interest Owner of the Trust that qualifies under the same guidelines as any other owner of property. Applicant must file Form PA-33 (Statement of Qualification) for property owned by a trust & satisfy the assessor that the applicant is a true beneficiary of the trust.
- If the applicant has a Life Estate in the property he/she must file PA-33 (Statement of Qualification)
- 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 and returned with your notice of approval or denial.

III: **FILING:** A completed application will include:

1. Form PA-29 Permanent Application for Property Tax Credit/Exemptions (Page 1)
2. Required eligibility documentation (Services for the Blind Letter noted above)
3. Affidavit for Exemptions
4. If the property is owned by a trust or if a life estate is involved:
  - PA-33 Statement of Qualification for Property Tax Credit, Exemption or Tax Deferral
  - An Trust Instrument or Certification of Trust
5. Applications are due by April 15, 2025

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

<b>STEP 1</b> OWNER AND APPLICANT NAME AND ADDRESS	<b>OWNER AND APPLICANT INFORMATION</b>
	<p>OWNER <span style="float: right;">If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO</span></p> <p>APPLICANT'S LAST NAME <input type="text"/> APPLICANT'S FIRST NAME <input type="text"/> MI <input type="text"/> PHONE NUMBER <input type="text"/></p> <p>APPLICANT'S LAST NAME <input type="text"/> APPLICANT'S FIRST NAME <input type="text"/> MI <input type="text"/> PHONE NUMBER <input type="text"/></p> <p>MAILING ADDRESS <input type="text"/></p> <p>CITY/TOWN <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/></p> <p>PROPERTY ADDRESS <input type="text"/> TAX MAP <input type="text"/> BLOCK <input type="text"/> LOT <input type="text"/></p> <p>IS THIS YOUR PRIMARY RESIDENCE? <input type="radio"/> YES <input type="radio"/> NO</p>
<b>STEP 2</b> VETERANS' TAX CREDITS AND EXEMPTION	<p style="text-align: center;"><b>VETERAN'S INFORMATION</b></p> <p>1. APPLICANT IS THE: <input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse</p> <p>2. APPLYING FOR:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)</li> <li><input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) <b>If Adopted by Town</b> Standard (\$50) / Optional (\$51 up to \$750)</li> <li><input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)</li> <li><input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")</li> <li><input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) <b>If Adopted by Town</b> (\$50 up to \$500)</li> <li><input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)</li> </ul> <p>3. Veteran's Name <input type="text"/> Dates of Military Service Enter (MMDDYYYY) <input type="text"/></p> <p>4. Date of Entry <input type="text"/> 5. Date of Discharge/Release <input type="text"/></p> <p><b>IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)</b></p> <p>6. Name of Allied Country Served in <input type="text"/> 7. Branch of Service <input type="text"/></p> <p>9. Does any other eligible Veteran own interest in this property?        YES <input type="radio"/> NO <input type="radio"/> If YES, provide name <input type="text"/></p> <p>8. Please Check One.  <input type="radio"/> US Citizen at time of entry into Service  <input type="radio"/> Alien but resident of NH at time of entry into Service</p>
<b>STEP 3</b> EXEMPTIONS	<p style="text-align: center;"><b>STANDARD EXEMPTIONS</b></p> <p>10. <input type="checkbox"/> Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)        (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth <input type="text"/> 10b. Spouse's Date of Birth <input type="text"/></p> <p>11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)</p> <p style="text-align: center;"><b>LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</b></p> <p>12. <input type="checkbox"/> Blind Exemption (RSA 72:37) <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)  <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)  <input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)  <input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85)</p>
<b>STEP 4</b> RESIDENCY	<p>13. <input type="checkbox"/> NH Resident for <b>One Year</b> preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)  <input type="checkbox"/> NH Resident for <b>Five Consecutive Years</b> (Deaf) or <b>At least Five Years</b> (Disabled) preceding April 1 in the year the exemption is claimed  <input type="checkbox"/> NH Resident for <b>Three Consecutive Years</b> preceding April 1 in the year the exemption is claimed (Elderly Exemption)</p>
<b>STEP 5</b> OWNERSHIP	<p>14. Do you own 100% interest in this residence? <input type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <input type="text"/></p>
<b>STEP 6</b> SIGNATURES	<p>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.</p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER _____ DATE _____</p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER _____ DATE _____</p>

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

AFFIDAVIT FOR BLIND EXEMPTION

**Please read, BOTH SPOUSES initial each line, and BOTH SPOUSES sign below. If there is anything you do not understand, please ask the assessing staff for clarification.**

\_\_\_\_\_ I certify that I do not claim residency in any other city or town, in any other state.

\_\_\_\_\_ I certify that I own & reside at the property as of April 1 in the year applying for tax exemption

\_\_\_\_\_ I certify under penalty of perjury that I am not receiving any other residential tax exemption or tax credit in any other community within New Hampshire and I am not receiving a similar benefit, such as a homestead exemption, in any other state.

\_\_\_\_\_ If my marital status changes, I must notify the Assessing Department.

\_\_\_\_\_ If I relocate within the City of Dover, I must file an amended application the Assessing Department as soon as possible, on or before a new tax rate has been set, immediately following the change in residence.

\_\_\_\_\_ I understand that if I place my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit or exemption.

\_\_\_\_\_ A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his/her official function, he/she makes any written false statement which he/she does not believe to be true, or if he/she knowingly creates a false impression in written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he/she submits or invites reliance on any writing which he/she knows to be lacking in authenticity. RSA 641:3

**I/We have read and understand the above statements. Any misrepresentation on my part may result in court action for recovery. I certify the information submitted is true and accurate to best of my knowledge.**

_____	_____	_____	_____
Signature of Applicant	Date	Signature of Spouse	Date
_____		_____	
Print Name		Print Name	

**STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V**

(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

**TYPE OR PRINT**

OWNER			
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
		MI	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
		MI	
MAILING ADDRESS			
CITY/TOWN		STATE	
		ZIPCODE	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed			

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: **(check one)**

- Grantor/Revocable Trust**
- Equitable Title holder or**
- Beneficial interest for life (Life estate owner)**

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
- (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
- (c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust *(if different than above)*: \_\_\_\_\_

***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) PRINT NAME DATE

**X** \_\_\_\_\_  
SIGNATURE (IN INK) PRINT NAME DATE

TELEPHONE NUMBER \_\_\_\_\_

<b>WHO MUST FILE</b>	To be completed by property owners to establish their status as grantor of the property to a revocable trust, or holding equitable title or the beneficial interest for life in the property. RSA 72:29, VI. For purposes of RSA 72:28, 28-b, 28-c, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
<b>WHEN TO FILE</b>	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal 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 re-filed unless the status of the trust or life estate is changed or altered.