

**ATKINSON DISABLED EXEMPTIONS
REQUIREMENTS, CONDITIONS AND INSTRUCTIONS**

RSA 72:37-b provides the following exemptions based on ASSESSED value for qualified taxpayers:

The exemption for qualified taxpayers, based on the assessed value of the property, is **\$15,000.00**.

Requirements and Conditions:

- A.** Applicant must have been the owner of the property for five (5) consecutive years preceding April 1st of the year in which the exemption is claimed.
- B.** The person must be eligible under Title II or Title XVI of the federal Social Security Act and must occupy the property as his principle place of abode. Property cannot have been transferred to the applicant, from a person related to the applicant by blood or marriage, within the past 5 years. Must 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, he must satisfy the assessor that he is the true beneficiary of the Trust.
- C.** The taxpayer must have a net income of less than **\$29,700.00** if single, or, if married, a combined net income of less than **\$38,500.00** during 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 **\$100,000.00** or less, excluding the value of the person's actual residence and the value of a minimum single family lot or 2 acres, whichever is greater. Additional units in multi-family housing are not excluded and should be listed as an asset. Income from units should be listed under "d. Rental Income".

YOU MUST SUBMIT COPIES OF YOUR BANK STATEMENTS

Definition of Net Income: Income from any source, including pension or Social Security, **except the following:**

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

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

- a.) The value of a 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 zoning ordinance;
 - b.) The value of any "good faith" encumbrances.
- E.** The Application for Exemption (PA-29) must be filed in the Selectmen's Office on or before April 15th following the date of Notice of Tax (the date on your tax bill issued the previous November, and due and payable on or about December 1st).

Eligibility

- A. In order for the Assessor to examine the application we will need you to submit copies of the following *with your application*, so we may confirm the right to the exemption. If the following documentation is not submitted, your application may not be reviewed:

- Federal Income Tax return form for the previous year (if you had to file);
- State Interest and Dividends Tax form (if you had to file);
- Copies of all of your bank statements for the previous year (both savings and checking);
- Documents verifying all income (including Social Security, Wages, etc.);

The Assessor reserves the right to request a true copy of your driver's license.

- 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 Assessor shall grant the exemption provided:
1. The Taxpayer qualifies in all categories;
 2. He/She is 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 has cooperated with the Assessor's request for further documentation, if it applies.

Filing

- D. An application and information sheet may be obtained from the Selectmen's Office. An annual update form may be mailed to all taxpayers currently on the Exemption List. **The following form (pages 3 and 4) MUST be filled out completely, signed and returned by April 15th, to:**

Town of Atkinson
Selectmen's Office
21 Academy Avenue
Atkinson, NH 03811.

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		
STEP 2 VETERANS' TAX CRED- ITS/EX- EMPTION	1 Veteran's Name		
	2 Date of Entry into Military Service		3 Date of Discharge/Release from Military Service
	4 <input type="checkbox"/> Veteran	<input type="checkbox"/> Veterans' Tax Credit	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Credit for Service Connected Total and Permanent Disability	
	<input type="checkbox"/> Surviving Spouse	<input type="checkbox"/> 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 <input type="checkbox"/> US Citizen at time of entry into the Service		8 <input type="checkbox"/> Alien but Resident of NH at time of entry into the Service	
9 Does any other eligible Veteran own interest in this property? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, give name _____			
10 <input type="checkbox"/> Total Veteran Exemption		<input type="checkbox"/> (a) Veteran <input type="checkbox"/> (b) Surviving Spouse of that Veteran	
STEP 3 OTHER EXEMP- TIONS	11 <input type="checkbox"/> 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.		
	<input type="checkbox"/> Disabled Exemption	<input type="checkbox"/> Solar Energy Systems Exemption	
	<input type="checkbox"/> Blind Exemption	<input type="checkbox"/> Woodheating Energy Systems Exemption	
	<input type="checkbox"/> Deaf Exemption	<input type="checkbox"/> Wind-Powered Energy Systems Exemption	
STEP 4 IMPROVE- MENTS	13 <input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/> Improvements to Assist the Deaf
STEP 5 RESIDEN- CY	14 <input type="checkbox"/> This is my primary residence		
	<input type="checkbox"/> NH Resident for one year preceding April 1st in the year in which the tax credit is claimed (Veterans' Credit)		
	<input type="checkbox"/> NH Resident for Five Consecutive Years preceding April 1st in the year the exemption is claimed (Disabled & Deaf Exemptions)		
	<input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1st in the year the exemption is claimed (Elderly Exemption)		
STEP 6 OWNER- SHIP	15 Do you own 100% interest in this residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, what percent (%) do you own? _____		
STEP 7 SIGNA- TURES	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	<p>Deadline: Form PA-29 must be filed by April 15th <i>preceding</i> the setting of the tax rate. The assessing officials shall send written notice to the taxpayer of their decision by July 1st <i>prior</i> 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 than 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.</p> <p>A late response or a failure to respond by assessing officials does not extend the appeal period.</p> <p>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.</p>		
APPEAL PROCE- DURE	<p>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.</p> <p>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.</p>		

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

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
<input type="checkbox"/> Veterans' Tax Credit (\$50 minimum to \$500)		Amount \$ _____			_____
<input type="checkbox"/> Service Connected Total & Permanent Disability (\$700 minimum to \$2000)		Amount \$ _____			_____
<input type="checkbox"/> Surviving Spouse of Veteran Who Was Killed or Who Died on Active Duty (\$700 minimum to \$2000)		Amount \$ _____			_____
<input type="checkbox"/> Review Discharge Papers (Form DD214), Form # _____					
<input type="checkbox"/> Other Information _____					

VETERANS' EXEMPTION				Granted	Denied	Date
<input type="checkbox"/> Total Exemption	<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse				_____

APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS					
Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category		
Single	\$ _____	\$ _____	65 - 74 years of age	\$ _____	
Married	\$ _____	\$ _____	75 - 79 years of age	\$ _____	
Asset Limits			80 + years of age	\$ _____	
Single	\$ _____	\$ _____			
Married	\$ _____	\$ _____			

OTHER EXEMPTIONS				Granted	Denied	Date
<input type="checkbox"/> Elderly Exemption		Amount \$ _____				_____
<input type="checkbox"/> Disabled Exemption		Amount \$ _____				_____
<input type="checkbox"/> Improvements to Assist the Deaf		Amount \$ _____				_____
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		Amount \$ _____				_____
<input type="checkbox"/> Blind Exemption		Amount \$ _____				_____
<input type="checkbox"/> Deaf Exemption		Amount \$ _____				_____
<input type="checkbox"/> Solar Energy Systems Exemption		Amount \$ _____				_____
<input type="checkbox"/> Woodheating Energy Systems Exemption		Amount \$ _____				_____
<input type="checkbox"/> 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

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 <i>preceding</i> 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 at 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.		
EXEMP-TIONS	Tax exemptions approved are deducted from the amount of the property owner's total assessed value prior to the calculation of tax due.		
ELDERLY EXEMP-TIONS 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 EXEMP-TIONS	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 IMPROVE-MENTS	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 SIGNA-TURES	All property owners must sign in ink. Attach additional pages with owners signatures if there are more than two owners of record.		

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 SERVICE-MEN 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.

Map: _____ Lot: _____ Sub-lot: _____ Property Address: _____

**TOWN OF ATKINSON, NH
APPLICATION FOR DISABLED EXEMPTION (RSA 72:37-b)**

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

VERIFICATION OF ALL OF THE FOLLOWING MUST BE SUBMITTED:

1. PERSONAL INFORMATION

- a. Applicant Name(s) _____

- b. Mailing Address: _____
- c. Marital Status: Married: _____ Single: _____ Widow(er): _____
- d. Residence Owned: Solely: _____ With Spouse: _____
With others: _____ Joint Tenants: _____ Tenants-in-Common: _____
- e. Number of Years Owned Residence: _____
- f. I have been a legal resident of New Hampshire since ____/____/____
- g. Age: _____ Date of Birth: ____/____/____
- h. Do you own real estate other than your occupied N.H. residence? Yes No
(If "yes", please attach a copy of tax bill.)

2. INCOME INFORMATION (YEARLY AMOUNTS)

	<u>Husband</u>	<u>Wife</u>	
a. Social Security:	\$ _____	\$ _____	
b. Pension & Retirement:	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income:	\$ _____	\$ _____	
TOTAL INCOME	\$ _____	\$ _____	\$ _____

Are you required to file an Interest and Dividend Tax return with the State of New Hampshire? Yes No If "yes", please provide a copy of your return.

Are you required to file an IRS tax return? Yes No
If "yes", please provide a copy of your most recent federal income tax return.

3. ASSET INFORMATION:

Type of Property for which the exemption is claimed:
Single-family _____ Multi-family _____
If "Multi-family", in which unit do you reside? _____

List the value of stocks, bonds, Certificates of Deposit, Money Market shares, mutual funds, etc.:
[PLEASE SUBMIT VERIFICATION OF THESE AMOUNTS]

Type: _____ Institution: _____ Value: \$ _____
Type: _____ Institution: _____ Value: \$ _____
Type: _____ Institution: _____ Value: \$ _____
Type: _____ Institution: _____ Value: \$ _____

List current balances of all banking and savings accounts in your and/or your spouse's name:
[PLEASE SUBMIT VERIFICATION OF THESE AMOUNTS]

Savings Accounts: Institution: _____ Balance: \$ _____
Checking Accounts: Institution: _____ Balance: \$ _____
Other Accounts: Institution: _____ Balance: \$ _____

Estimated value of furniture, jewelry, furs, antiques, etc.: \$ _____ (must be filled out)

Vehicles: Please provide the following information (including any RV's): NOTE: For the best estimate, call a car dealer for the value in the *Kelley Blue Book or NADA*.

Car Year: _____ Make: _____ Model: _____ \$ _____
Car Year: _____ Make: _____ Model: _____ \$ _____
Boat Year: _____ Make: _____ Model: _____ \$ _____

Real Estate: Other than the NH residence you occupy, please provide the following information on other real estate:

Property Type: _____ Town/State: _____ / _____ Est. Value: \$ _____

TOTAL ASSETS \$ _____

I SWEAR, UNDER PENALTY OF PERJURY, THAT ALL OF 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 ATKINSON'S ASSESSING OFFICE. I RELEASE ALL PERSONS WHOMSOEVER FROM ANY LIABILITY ARISING OUT OF, OR RESULTING FROM, THE RELEASE OF THIS INFORMATION.

SIGNATURE: _____ **DATE:** ____/____/____