



TAX DEFERRAL FOR ELDERLY AND DISABLED QUALIFICATIONS WORKSHEET

This worksheet is to be completed and submitted along with all supporting documentation. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application.

FIRST TIME APPLICANT PREVIOUS APPLICANT (Please check one)

Please print all information clearly:

Applicant's Name: _____ Date of Birth _____

Co-Applicant/Spouse Name: _____ Date of Birth _____

Principle Place of Abode: _____ Date of NH Residency _____

Mailing Address: _____

INCOME: Please list income from all sources, amounts of all per year and attach supporting documentation such as social security statements, W-2's and 1099's to this worksheet.

SOURCE:	Applicant:	Applicant's Spouse:	Documentation
Social Security:	\$ _____	\$ _____	_____
Pension & Retirement	\$ _____	\$ _____	_____
Wages:	\$ _____	\$ _____	_____
Unemployment/VA Benefit	\$ _____	\$ _____	_____
Disability/Worker's Comp	\$ _____	\$ _____	_____
Rental Income:	\$ _____	\$ _____	_____
Interest/Dividends Income:	\$ _____	\$ _____	_____
Public Assistance	\$ _____	\$ _____	_____
Other Income:	\$ _____	\$ _____	_____
TOTAL INCOME:	\$ _____	\$ _____	

MONTHLY EXPENSES: Please list your expenses based on the previous month in which this application is being made (e.g. if you are applying in February, provide expenses from January). For any expenses listed, please provide proof of expense (i.e. copies of bills, utility statements, bank statements, receipts, etc.). Please fill this section out completely. If you do not have an expense, please indicate that it is not applicable by writing in N/A.

Mandatory payments

Child support \$ _____
 Mandatory Pension \$ _____
 Alimony \$ _____
 Back taxes \$ _____
 Other court ordered \$ _____

Uninsured Health Care

Medical \$ _____
 Dental \$ _____
 Orthodontics \$ _____
 Eye care/glasses/contacts \$ _____
 Prescription drugs \$ _____
 Therapy/counseling \$ _____

Housing

Rent/mortgage payments \$ _____
 Property taxes \$ _____
 Condo fees \$ _____
 Home maintenance
 (snow removal/lawn care) \$ _____

Transportation

Primary vehicle payment \$ _____
 Other vehicle payment \$ _____
 Vehicle maintenance/gas \$ _____
 Registration/tax \$ _____

Utilities

Heat (oil/propane/gas, etc.) \$ _____
 Telephone (home) \$ _____
 Telephone (cell) \$ _____
 Electricity \$ _____
 Cable television \$ _____
 Internet \$ _____
 Water/Sewer \$ _____

General/Personal

Groceries \$ _____
 Meals eaten out \$ _____
 Clothing \$ _____
 Hair care \$ _____
 Toiletries & cosmetics \$ _____
 Pet food and care \$ _____
 Church & charities \$ _____
 Laundry & dry cleaning \$ _____
 Gifts \$ _____
 Newspapers and magazines \$ _____
 Credit card payments \$ _____
 Other loan payments \$ _____
 Entertainment \$ _____

Insurance

Homeowner/renter \$ _____
 Vehicle(s) \$ _____
 Health/dental \$ _____
 Life/disability \$ _____

MONTHLY TOTAL \$ _____

ASSETS: Please list all assets owned. Attach most recent 3 months of bank statements – ALL PAGES and any other supporting documentation.

<u>INSTITUTION NAME:</u>	<u>TYPE:</u>	<u>VALUE/AMOUNT</u>	<u>STATEMENT DATE</u>
_____	Checking	_____	_____
_____	Savings	_____	_____
_____	IRA	_____	_____
_____	Mortgage (Reverse)	_____	_____
_____	Other	_____	_____

VEHICLES / BOATS / ANTIQUES / OTHER:

- A. Car: Make / Model / Year / Mileage _____ Est. Value \$ _____
- B. Car: Make / Model / Year / Mileage _____ Est. Value \$ _____
- C. Boat / Model / Year _____ Est. Value \$ _____
- D. RV / Model / Year _____ Est. Value \$ _____
- E. Antiques / Collections _____ Est. Value \$ _____
- F. Other (Description) _____ Est. Value \$ _____

REAL ESTATE: Include all real estate owned anywhere including residence.

Property Type _____ In Town/State _____
 **Provide copy of property tax bill. Estimated Market 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 and that this is my primary place of abode per RSA 72:38-a. 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 Derry**. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TELEPHONE: _____

COAPPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

PLEASE RETURN THIS QUESTIONNAIRE AND ALL SUPPORTING DOCUMENTATION BY MARCH 1st OF THE QUALIFYING TAX YEAR

ABOVE CALCULATIONS BASED UPON FINANCIALS PRODUCED BY PROPERTY OWNER. DESCRIPTION OF FINANCIAL IS SHOWN UNDER CATEGORY. THIS WORKSHEET WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT AND IT MAY ALSO BE USED BY THE TOWN IN DEFENSE OF ANY ACTION TAKEN AS A RESULT OF DECISION RENDERED ON INFORMATION CONTAINED HEREIN. REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).