

TOWN OF STRATHAM - APPLICATION FOR ELDERLY EXEMPTION (Page 1 of 2)**RSA 72:39a + RSA 72:39b****DEADLINE TO FILE: APRIL 15th**

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:			
Email Address:			
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow(er)
Residence is Owned....:	<input type="checkbox"/> Solely <input type="checkbox"/> With Others <input type="checkbox"/> Joint Tenants	<input type="checkbox"/> With Spouse <input type="checkbox"/> In Trust <input type="checkbox"/> Tenants in Common	% Owned:
I have lived in New Hampshire since:	Year:		
Previous Address, if less than three (3) years in Stratham:			
Have you ever received an elderly exemption from any other community in New Hampshire, or other state(s)?	<input type="checkbox"/> Yes: <input type="checkbox"/> No: If yes, name of other community:		

- INCOME INFORMATION - (Enter in Yearly Amounts) -	APPLICANT	SPOUSE
Social Security - for previous year:		
Pension & Retirement - for previous year:	\$	\$
Wages - for previous year: (Include W-2 & 1099-MISC):	\$	\$
Other Income - for previous year: (Includes any IRA & 401K Distributions, Annuities, Reverse Mortgages, etc.)	\$	\$
Interest Income - for previous year:	\$	\$
Dividends Received - for previous year: (Includes any Stock, Bonds, Capitals Gains, etc.)	\$	\$
Other Income Received - for previous year: (Includes any financial assistance from others, alimony, child support)	\$	\$
Rental Income Received - for previous year: (Includes any financial assistance from persons living in household)	\$	\$
Other Income or Assistance <u>not</u> listed above - for previous year: (Includes any Fuel, Electric, Food assistance, etc.)	\$	\$
Verification of the above MUST be Submitted - Total Income:	\$	\$
Life Insurance Payment(s) Received? If yes, amount?	Yes: No:	\$
Are you required to file an Interest and Dividend Tax Return to the State of New Hampshire?	<input type="checkbox"/> Yes: <input type="checkbox"/> No:	<input type="checkbox"/> Yes: <input type="checkbox"/> No:
Did you file an IRS Tax Return for previous year?	<input type="checkbox"/> Yes: <input type="checkbox"/> No: -Provide Return-	<input type="checkbox"/> Yes: <input type="checkbox"/> No:

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- <u>ASSET INFORMATION</u> - (Enter in Yearly Amounts) - Type of property for which exemption is being claimed: If multi-family, in which unit # do you reside?	<input type="checkbox"/> Single Family:	<input type="checkbox"/> Multi-Family: Unit #:
<p style="text-align: center;"><u>FUNDS</u></p> <p>List the market value of Stocks, Bonds, Certificates of Deposit, Money Markets, Mutual Funds, IRAs, 401k's, etc.</p>	Type: _____ Institution: _____ Value: \$ _____	_____ _____ \$ _____
	Type: _____ Institution: _____ Value: \$ _____	_____ _____ \$ _____
	Type: _____ Institution: _____ Value: \$ _____	_____ _____ \$ _____
<p style="text-align: center;"><u>BANK ACCOUNTS</u></p> <p>List current balances of <u>all</u> bank accounts in your (and your spouse's name – if applicable):</p> <p>You <u>must</u> submit copies of <u>your most recent</u> bank statement(s) from <u>all banks</u> including <u>all pages</u>.</p>	<u>Checking:</u> Institution: _____ Balance: \$ _____	_____ _____ \$ _____
	<u>Savings:</u> Institution: _____ Balance: \$ _____	_____ _____ \$ _____
	<u>Other:</u> Institution: _____ Balance: \$ _____	_____ _____ \$ _____
<p style="text-align: center;"><u>VEHICLES</u></p> <p>Please provide the following vehicle information:</p> <p>Please <u>call dealer, or use</u> Kelley Blue Book to get the estimated value.</p> <p>(<u>Includes</u> Cars, Trucks, Boats, RV's, Motorcycles, etc.)</p>	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 Assets:	\$ _____	\$ _____

<p style="text-align: center;"><u>REAL ESTATE</u></p> Current mortgage on your Stratham, NH residence?	Monthly Pymt: \$ _____ 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 Stratham, 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 Stratham Assessing office. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.		
Date: _____ Applicant's Signature:	Date: _____ Spouse's Signature:	