

TOWN of ANDOVER

P.O. Box 61
Andover, NH 03216-0061
(603) 735-5332

Incorporated 1779



TOTAL AND PERMANENT DISABILITY TAX EXEMPTION QUALIFICATION

This worksheet is to be completed and submitted along with completed form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application. Please note the following Income and Asset Limits when considering submission of your application.:

Income limits:	Single \$19,300.00	Married \$28,900.00
Asset Limits:	Single \$50,000.00	Married \$50,000.00

If you hold a life estate in [property or your property is owned by a trust, you must also submit a completed form PA-33 (Statement of Qualification) **and** submit a copy of the deed showing the assigned ownership of the life estate **or** a copy of the Declaration of Trust, including a list of beneficiaries.

Please Print all information clearly:

Applicant's Name: _____

Spouse: _____

Property Address: _____

Mailing Address: _____

INCOME:

Please list the source and amount of all income for year both you and your spouse.

SOURCE (Net Income)	OWNER #1:	OWNER #2:
Social Security:	\$ _____	\$ _____
Pension & Retirement:	\$ _____	\$ _____
Wages:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Other Income/Annuities:	\$ _____	\$ _____
Interest Income:	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

If you have filed any of the following – Please provide a copy.

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form

ASSETS:

Please list all assets owned (Self & Spouse) Savings Accounts or Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars, Etc.)

<u>INSTITUTION NAME:</u>		<u>TYPE:</u>	<u>VALUE/AMPOUNT:</u>
_____	Checking	_____	_____
_____	Savings	_____	_____
_____	Savings	_____	_____
_____	IRA	_____	_____
_____	Other	_____	_____

VEHICLES:**A. Make/Model/Year/Mileage**_____
Est. Value \$ _____**B. Make/Model/Year/Mileage**_____
Est. Value \$ _____**C. Boat/Model/Year**_____
Est. Value \$ _____**D. RV/Model/Year**_____
Est. Value \$ _____**E. Other/Description**_____
Est. Value \$ _____**REAL ESTATE:** (not including your Primary Residence)Property Type _____
Provide copy of Tax Bill

In Town/State _____

Est. Value \$ _____

TOTAL ASSETS \$ _____

PLEASE PROVIDE A COPY OF DOCUMENTATION FROM SOCIAL SECURITY VERIFYING ELIGIBILITY UNDER TITLE II OR TITLE XVI OF THE FEDERAL SOCIAL SECURITY ACT FOR BENEFITS TO THE DISABLED.

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. 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 Andover. I release all persons whomsoever from any liability resulting from the release of this information.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

TELEPHONE NUMBER: _____

**THIS FORM AND A COMPLETED PA-29 MUST BE RETURNED NO LATER THAN APRIL
15TH FOR CONSIDERATION FOR THE CURRENT TAX YEAR.
THANK YOU**