# CITY OF MANCHESTER
## Elderly & Disabled Exemption Application

### Income and Asset Statement Provided for Year 2010

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a

Applications accepted after January 1, 2011

**Filing deadline is APRIL 15, 2011** **Effective for tax year 2011**

**ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL**

Map/Lot _____ Account No. _____ Applying for: Elderly Disabled
(Applicant) (please circle one)

Owner Name _____ Owner Date of Birth _____

Co-Owner /Spouse _____ Date of Birth _____
(Name)

All additional Owners on deed _____ , _____

*Relationship _____ (circle one) *attach divorce decree

Address _____ Married Single Widow Divorced

City/State/ _____ New Hampshire resident since _____

Zip _____ Telephone Number _____

Prior address if less than 5 years _____ If married, how many years _____

**Life Estate/Trust Name* (if any)** _____ Please indicate type of residence:

**If the property is owned by a Trust a PA-33 must be completed with a full copy the Trust.** Single _____ Multi # of units _____

E-mail _____

**If you own a multi family, do you have a mortgage Y/N** _____ **Mortgage amount$** _____

- **Are you receiving a deduction or exemption from any other City or Town? YES _____ NO _____**
  - **What is your primary place of abode?** _____

**If any of the following categories do not apply to YOU please write NA in that space.**

## INCOME INFORMATION

FOR THE PERIOD JANUARY 1 TO DECEMBER 31, 2010

(please attach additional sheets if necessary)

**Supporting Documents MUST be put in order of numbers and submitted with this application.**

| | Owner | Co-Owner (Spouse) |
|---|---|---|
| 1. Social Security $ (Gross, annual) | | |
| 2. Sos. Sec. Disability Income (Title II or Title XVI) | | |
| 3. Veterans Admin. Disability Income (Gross) | | |
| 4. Wages, Salaries, Tips (Gross) | | |
| ○ | | |
| ○ | | |
| ○ | | |
| 5. Pensions/Annuities/401k | | |
| ○ | | |
| ○ | | |

6. Interest Income (all sources) Account # _____ Amount _____
   - Account # _____ Amount _____
   - Account # _____ Amount _____
   - Account # _____ Amount _____
7. Dividend Income (all sources) Account # _____ Amount _____
   - Account # _____ Amount _____
   - Account # _____ Amount _____
8. Real Estate Rental Income (annual) Total Amount _____
9. Other Income (please explain) (child support, SSI dependant child, lottery) Amount _____

♦ Total Income: $_____ $_____

**Additional Comments:** (attach additional sheets if necessary) _____

## ASSET INFORMATION

AS OF THE DATE OF THIS APPLICATION

(Please attach additional sheets if necessary)

**10. Other Real Estate:** _____

(Street Address) (Market Value) (Please attach copy of property tax bill.)

Do you own (individually, jointly, in common, fractional, etc.) any other real estate anywhere including homes, land, mobile homes or time shares Y_____ N_____

**11. Vehicle 1:** Make_____, Model_____, Year_____, Miles_____ Value_____
**Vehicle 2:** Make_____, Model_____, Year_____, Miles_____ Value_____
**Vehicle 3:** Make_____, Model_____, Year_____, Miles_____ Value_____

**12. Other Personal Prop** _____ **Lot of land** _____

(Description) (Value) (Description) (Value)

*****Please attach copies of latest statements*****

**13.** List **all** banking resources

| Checking Account # | Bank Name | Name(s) on account | Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Savings Account # | Bank Name | Name(s) on account | Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Credit Union Account # | Credit Union Name | Name(s) on Account | Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| CD Account # | Bank/ Institution Name | Name(s) on Account | Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| I.R.A. Account # | Bank / Institution Name | Name(s) on Account | Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Money Market Acc # | Bank / Institution Name | Name(s) on Account | Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Stocks/Bonds Acc # | Bank / Institution Name | Name(s) on Account | Cash out Value |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Annuities Acc # | Bank / Institution Name | Name(s) on Account | Cash out Value |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Mutual Funds | Bank / Institution Name | Name(s) on Account | Balance |
|---|---|---|---|
| | | | |
| | | | |

| Life Insurance Policies # | Bank / Institution Name | Name on Account | Cash out Value |
|---|---|---|---|
| | | | |
| | | | |

14. Other Assets: _____ _____

(Explain) $ Amount

**Total Assets:** $_____ $_____

Unless you are exempt from filing these forms, the following **must** be submitted with this document:

- **2010** Federal Income Tax Returns (including 1099's) with W2's attached
- State Interest and Dividends Forms
- The **Last 3 months** of bank statements (full copies)
- Entire **current statements** for CD's, IRA's stocks, bonds, annuities, money markets, life insurance policies, etc.
- Property tax inventory form filed in any *other* town
- Information regarding any other property owned
- **Copy of Trust** if property is owned by a Trust
- Drivers' license or birth certificate, Power of Attorney documentation if they are applying for you

Assets disclosed by the applicant on this application will be verified through all resources available to the City of Manchester and the Assessing Department.

**I swear, under penalty of perjury, I/we certify that the information provided in this Application, including Income and Asset Statements, is true to the best of my/our knowledge.**

_____ _____ _____ _____

Owner Signature Date Co-Owner Signature Date

For the Assessing Office Only

Multi Family Asset

Number of units _____

Total assessed value $_____

Total assessed land value $_____

Total assessed building value $_____

Mortgage amount $_____

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Application Taken By:_____ Date_____

Do the taxpayers need a mortgage letter _____

Would you like to pickup your financial statements after we are done or can we shred them? _____

Comments on Application_____

_____

_____

_____

Approved _____ Denied_____ Date_____