

Last Name _____
Map/Lot _____
Account _____

City of Manchester NH, Assessors Department
Disabled Exemption - Certification Affidavit

To Be Read and Acknowledged By The Applicant: **I hereby certify under penalty of perjury that the Disabled Exemption application with financial documentation submitted to the Manchester Assessing Dept. for the Disabled Exemption is complete, true and correct.**

***I/We are also a legal resident of New Hampshire for at least 5 consecutive years; and one or both are under the age of 65 years and receiving Title II or XIV of Social Security Disability all as of April 1st.**

Additional requirements for this exemption shall be that the property is:

- Owned by a Manchester resident; or jointly or in common with the residents' spouse, either of whom meets the Disability requirement for the exemption claimed, and they have been married to each other for 5 consecutive years prior to April 1st of the year the exemption is claimed; or
- If owned with someone other than a spouse – Exemption will be according to percentage of ownership.
- I am not receiving any other Exemption or Credit in any other community within New Hampshire and I am not receiving similar benefits in any other state, such as the Florida Homestead Exemption.

I hereby attest that _____ is my primary residence.
(address)

Be aware:

- If your income or asset level changes and there is a possibility that you no longer qualify for the exemption, **you are obligated by law to advise the Manchester Assessing Department.**
- If your marital status changes you must notify the Manchester Assessing Department.
- A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he makes any written false statement which he/she does not believe to be true, or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he submits or invites reliance on any writing which he/she knows to be lacking in authenticity. RSA 641:3, II, (a) (b) (d) (supp.)

I/ We have read the above statements and fully certify that I/we understand them.
Any misrepresentation may result in court action for recovery.

Signature of applicant _____

Applicant (print name) _____ Date _____

Signature of applicant _____

Applicant (print name) _____ Date _____