

Last Name _____
Map/Lot _____
Account _____

Certification Affidavit Disabled Exemption

To Be Read and Acknowledged By The Applicant:

I hereby certify that the Disabled Exemption application with financial documentation submitted to the Manchester Assessing Dept. for the Disabled Exemption is complete, true and correct.

I certify under penalty of perjury that the property is owned by:

*A legal resident of New Hampshire for at least 5 consecutive years prior to April 1st of the year the exemption is claimed; and

* Must be under the age of 65 years as of April 1st in the year in which the exemption is claimed and be receiving Title II or XIV of Social Security Disability.

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

- Owned by a Manchester resident; or
- Owned by a Manchester resident jointly or in common with the residents' spouse, either of whom meets the requirement for the exemption claimed.
- Owned by a Manchester resident jointly or in common with a person not the resident's spouse, if the resident meets the applicable requirements for the exemption claimed, *RSA 72:41 Proration* stipulates that "if any entitled person or persons shall own a fractional interest in residential real estate, each such entitled person shall be granted exemption in proportion to his interest therein...."
- Owned by a Manchester resident, or the resident's spouse, either of whom meets the requirements for the exemption claimed, and when they have been married to each other for at least 5 consecutive years.
- I am not receiving any other Exemption or Credit in any other community within New Hampshire and I am not receiving similar benefits in another state, such as the Florida Homestead Exemption.

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

over

Be aware:

- This Exemption cannot be claimed in more than one community within New Hampshire or if you are receiving similar benefits in another state.
- 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.)
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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 _____

This document must be witnessed by Assessing Department staff or notarized

Witness _____