

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Granted  Denied  Initials \_\_\_\_\_

**TOWN OF BOW**  
Filing Deadline - April 15th

**FINANCIAL APPLICATION FOR THE ELDERLY EXEMPTION**

*This is a two sided form. Please fill out each area carefully on both pages, and make certain you sign at the end of the form in the signature area. See RSA 72:39a. Call if you have any questions.*

**1 PERSONAL INFORMATION**

- a. Applicant's name \_\_\_\_\_
- b. Mailing address \_\_\_\_\_ Phone # \_\_\_\_\_
- c. Marital status: Married  Single  Widow(er)
- d. Residence owned: Solely  With Spouse  With Other(s)  Is in a Trust
- e. Type of ownership if with other(s): Joint Tenants  Tenants in Common
- f. Number of years I have owned my residence \_\_\_\_\_
- g. I have been a legal resident of New Hampshire since \_\_\_\_/\_\_\_\_/\_\_\_\_
- h. Applicant's Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Submit copy of license or other proof)  
Other Owner's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- i. Do you own real estate other than your occupied NH residence: Yes  No
- j. If yes, do you have an exemption there? Yes  No  (Attach copy of most recent tax bill)

**2 INCOME INFORMATION (Yearly Amounts)**

**NOTE: VERIFICATION OF ALL OF THE FOLLOWING MUST BE SUBMITTED**

	<u>SELF</u>	<u>SPOUSE/OTHER RESIDENT</u>
a. Social Security:	\$ _____	\$ _____
b. Pension & Retirement:	\$ _____	\$ _____
c. Wages:	\$ _____	\$ _____
d. Rental Income:	\$ _____	\$ _____
e. Interest Income:	\$ _____	\$ _____
f. All Other Income:	\$ _____	\$ _____

Please specify source(s): \_\_\_\_\_

g. **TOTAL COMBINED INCOME:** \$ \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING THAT APPLIES TO YOU:**

Are you required to file an Interest and Dividend Tax Return with the State of New Hampshire?  
No  Yes  If yes, please attach a copy of your most recent return.

Are you required to file an IRS Tax Return? No  Yes  If yes, please attach a copy of the most recent federal income tax return(s).

**BOW FINANCIAL APPLICATION FOR ELDERLY EXEMPTION - PAGE 2**

**3 ASSET INFORMATION**

- a. **Type of property** for which exemption is claimed: Single Family  Multi-Family/In-Law   
b. If Multi-Family or In-Law Apt., in which unit do you reside? \_\_\_\_\_  
c. **Estimated value** of furnishings, jewelry, furs, antiques, etc: \$ \_\_\_\_\_ *(must be filled out)*

**\*YOU MUST SUBMIT VERIFICATION OF THE FOLLOWING\***

d. List the **market value** of all stocks, bonds, CD's, mutual funds, annuities, 401K's etc:

- o Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_
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- o Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_
- o Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_
- o Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

e. List the **current balance** of all banking, money market or other accounts in your name(s):

- o Savings Accounts: Institution: \_\_\_\_\_ Balance \$ \_\_\_\_\_
- o Checking Accounts: Institution: \_\_\_\_\_ Balance \$ \_\_\_\_\_
- o Other Accounts: Institution: \_\_\_\_\_ Balance \$ \_\_\_\_\_

f. Provide the **cash value** of all life insurance policies: \$ \_\_\_\_\_

g. **Vehicles:** Please provide the following information for all your vehicles. Contact a dealer for a written value, or check the Kelley Blue Book online at [www.kbb.com](http://www.kbb.com) and submit print-out.

- o Car Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- o Car Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- o Boat/RV/Other \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

h. **Real Estate:** Other than your occupied NH residence, please provide the following information on all other real estate in your name(s), including time-shares.

- o Property Type: \_\_\_\_\_ Town, State: \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- o Property Type: \_\_\_\_\_ Town, State: \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

**TOTAL OF ALL ASSETS \$ \_\_\_\_\_**

I SWEAR, UNDER PENALTY OF PERJURY, THAT ALL OF THE ABOVE IS A COMPLETE, TRUE AND ACCURATE ACCOUNTING OF MY/OUR FINANCIAL CONDITION. I FURTHER AUTHORIZE ANY AGENCY OR FINANCIAL INSTITUTION TO RELEASE INFORMATION ABOUT ME/US, OR COPIES OF THE REQUIRED RECORDS TO ANY AGENT OF THE TOWN OF BOW ASSESSING OFFICE. I RELEASE ALL PERSONS WHOMSOEVER FROM ANY LIABILITY RESULTING FROM THE RELEASE OF THIS INFORMATION. I HEREBY CERTIFY THAT I OCCUPY THIS PROPERTY AS MY PRIMARY RESIDENCE FOR AT LEAST 183 DAYS /YEAR.

SIGNATURE(S) \_\_\_\_\_

DATE \_\_\_\_\_