



**Town of Jaffrey, New Hampshire
Elderly – Disabled Exemption
Worksheet**

This form and any accompanying information will remain **CONFIDENTIAL**. Please complete both sides of this worksheet. If additional space is required, please attach a blank sheet of paper.

Section 1 – RESIDENCY

Applicant: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Residential Address: _____ Tel #: _____

Mailing Address (if different): _____

Have you lived in New Hampshire for *at least 5 years* immediately preceding April 1st in the year in which the exemption is claimed?: YES _____ NO _____ (if the answer to this question is “NO”, you do not qualify for this exemption.

Section 2 – INCOME: (must include spouse’s income, if applicable)

SOURCE	AMOUNT	SOURCE	AMOUNT
Wages		Net Rental Income	
Pension		Other sources (please list)	
Social Security			
Interest/Dividends			

Total Income (sum of items listed above) \$ _____ (please supply verification of amounts listed)

Elderly: If this total exceeds \$24,000 for a single person or \$30,000 for a married couple, you *would not* qualify for this exemption.

Disabled: If this total exceeds \$18,000 for a single person or \$25,000 for a married couple, you *would not* qualify for this exemption.

If applicable, you must attach the following to this worksheet.

- A copy of your most recent tax return
- Copies of all state interest and dividends tax forms
- Income and asset verification (i.e.: pay stubs, bank statements)

Please note: If you are not required to file a tax return please sign below -

Applicant: _____ Date: _____

Section 3 – ASSETS (Please list all assets as directed below, but not limited to the following. Attach a copy of the most recent tax bill for any property listed in item A or B. Supply verification for the Account Balance listed for any cash asset in item E):

a) **Jaffrey Real Estate:** (excluding the value of any residential real estate).

Property Description	Total Value	Liens/Mortgages	Net Value

b) **Other Real Estate:** Location _____

Property Description	Total Value	Liens/Mortgages	Net Value

Total Net Value (a & b) = _____

c) **Vehicles/Boats/Recreational Vehicles, etc.**

Description	Make / Model	Balanced Owed	Current Value

Total Vehicle Assets: \$ _____

d) **Other Asset:** (i.e.: good jewelry, precious stones/metals, coins, antiques, livestock, collectibles, etc.)

Description	Make / Model	Balanced Owed	Current Value

Total Other Assets: \$ _____

e) **Cash Assets:** Please list all cash assets as directed below, but not limited to the following, along with account balance verification:

Checking Account(s):

Bank	Account Number	Account Balance

Savings Account(s):

Bank	Account Number	Account Balance

C.D. Account(s):

Bank	Account Number	Account Balance

IRA Account(s):

Bank	Account Number	Account Balance

Combined value of Mutual Funds/Stocks/Bonds: \$ _____

Total Cash Assets: \$ _____

Add Asset Totals

Net value *Real Estate* (a and b combined) _____

Total *Vehicle Assets* (c) _____

Total *Other Assets* (d) _____

Total *Cash Assets* (e) _____

Total Asset Value \$ _____

NOTE

Elderly: If the total assets exceed \$50,000, (excluding the value of any residential real estate), you do not qualify for this exemption.

Disabled: If the total assets exceed \$50,000 (excluding the value of any residential real estate), you do not qualify for this exemption.

However, if you do qualify, please return the completed form with the appropriate documentation to the Town of Jaffrey Assessing Office no later than April 15th, following the final notice tax bill.