

City of Keene Income & Asset Worksheet

Applicant Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Married  Date of Marriage \_\_\_/\_\_\_/\_\_\_ Single/Widowed

Applicant's Date of Birth \_\_\_/\_\_\_/\_\_\_ Spouse's Date of Birth \_\_\_/\_\_\_/\_\_\_

Applicant has been a legal resident of New Hampshire since: \_\_\_\_\_

Residence is owned:

- Solely  With Spouse  With Others as Joint Tenants  With Others as Tenants in Common  
 In Trust (*Provide a complete copy of all Trust documentation in order to determine eligibility.*)

**ANNUAL INCOME** (Documentation Must be Provided)

1. **Gross Wages:** \$ \_\_\_\_\_

2. **Social Security** \$ \_\_\_\_\_

3. **Pension/Retirement:** \$ \_\_\_\_\_

4. **All Interest** \$ \_\_\_\_\_

5. **Dividends:** \$ \_\_\_\_\_

6. **Rental Income:** \$ \_\_\_\_\_

7. **Other Income/Annuities:** \_\_\_\_\_ \$ \_\_\_\_\_

8. **Total Annual Income:** \$ \_\_\_\_\_

9. **Have you ever, or are you now, receiving any exemption from any community in New Hampshire or other state?** Yes  No

(If yes, list community and state \_\_\_\_\_)

10. **Have you filed:**

NH Interest & Dividends return? Yes  No  (Attach copy)

Federal IRS return for the most recent tax year? Yes  No  (Attach copy)

(If no, in what year was the last return filed? \_\_\_\_\_)

**ASSET INFORMATION** (Documentation Must be Provided)

11. **Value in Savings Accounts:** \$ \_\_\_\_\_  
(Year-end Statement)

12. **Value in Checking Accounts:** \$ \_\_\_\_\_  
(Year-end Statement)

13. **Stocks, Bonds** \$ \_\_\_\_\_

14. **Mutual Funds:** \$ \_\_\_\_\_

15. **Certificates of Deposit, IRA/401K, Money Market, etc.:** \$ \_\_\_\_\_

16. **Vehicles, Boats, Tractors, Campers, RV's:**

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

17. **Real Estate (excluding primary residence):**

**ALL OTHER REAL ESTATE OWNED IN NEW HAMPSHIRE**

Town: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Town: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**ALL OTHER REAL ESTATE OWNED OUTSIDE OF NEW HAMPSHIRE**

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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Other **required** information:

- Applicable **medical certification** if applying for **Deaf or Severely Hearing Impaired Exemption**.
- **Social Security or Social Security Disability statement** if applying for **Deaf or Severely Hearing Impaired, Elderly or Disabled Exemption**.
- **Documentation** that supports **Income & Assets**.

This documentation may include copies of Bank Statements, Wage Statements, Federal Income Tax filings, Interest Statements, State Interest and Dividends Statement, Property Tax Inventory form or Property Tax Bill if other real estate is owned.

- The applicant must notify the Department of Assessment immediately of any changes to income, assets or residency that would cause ineligibility.

**By signing below, I certify, under the penalty of perjury, that the property on which exemption is claimed is my residential real estate and principle place of residence and that all information supplied is complete and accurate:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

**\*\*\*FILING DEADLINE APRIL 15<sup>th</sup>\*\*\***

**NOTE:** Financial information is considered **confidential** and will be destroyed, unless requested to be returned, after review by the Department of Assessment.

**City of Keene  
Department of Assessment  
3 Washington Street  
Keene, New Hampshire 03431  
(603) 352-2125**

\*\*\*\*\*  
*For Department of Assessment use only:*

\_\_\_\_\_  
*Signature*

*Approved*     *Denied*

\_\_\_\_\_  
*Date*