

TOWN OF CAMPTON – ELDERLY/DISABLED EXEMPTION APPLICATION

1. Applicant's Name: _____
2. Property Location: _____
3. Martial Status: Single _____ Married _____ Phone No. _____
4. Residence Owned: Solely _____ With Spouse _____ With Others _____
5. Date of Birth: _____ Date of Spouse's Birth: _____
6. I have been a resident of New Hampshire since: _____

INCOME INFORMATION

ENTER ANNUAL NET WAGES RECEIVED BY YOU AND SPOUSE

7. Social Security Income: \$ _____
8. Other Pensions & Retirements \$ _____
9. Wages \$ _____
10. Rental Income: \$ _____
11. Interest and Dividends \$ _____
12. Other (Specify) \$ _____
13. TOTAL INCOME (7 – 12) \$ _____

ASSET INFORMATION

ENTER TOTAL VALUE OF THE FOLLOWING:

14. Savings Accounts(s): \$ _____
15. Checking Accounts: \$ _____
16. Value of Stock, Bonds, Mutual Funds, CD's \$ _____
17. All Real Estate Owned Singly/Jointly \$ _____
18. Estimated Value of Personal Property:
Furniture, Antiques, Jewelry, Furs, etc.
Vehicles (Cars, Trucks, Trailers, Boats, etc.) \$ _____
19. TOTAL ASSETS \$ _____

20. Are you required to file IRS Form 1040?
Yes/No (If yes, copy must be submitted)
21. Are you required to file state of NH Interest
& Dividend Tax Forms?: Yes/No

Signed under penalties as prescribed by law, I do hereby certify that the above information is a true and correct statement of my financial condition to the best of my knowledge.

Applicant's Signature _____ Date: _____