

TOWN OF HOPKINTON, NEW HAMPSHIRE

ELDERLY EXEMPTION WORKSHEET

Please read Eligibility Requirements on previous page before completing this form or the application.

This form and any accompanying information will remain CONFIDENTIAL.

Please complete both pages of this worksheet; if additional space is required, please fill out an extra sheet of paper and attach to this worksheet.

Name: _____

Date of Birth: _____

Spouse's Name: _____

Date of Birth: _____

Address of Residence: _____

Have you been a resident of New Hampshire for at least 3 years (as of April 1 of this year)? Yes ____ No ____

If married, have you been married for at least 5 years (as of April 1 of this year)? Yes ____ No ____

INCOME:

Please provide documentation for any income listed (i.e.: Social Security, pension, interest statements, or bank account statements showing direct deposit of these amounts). If married, please also include spouse's income documentation. PLEASE NOTE: Please also attach a copy of your most recent Federal tax return (including all interest and dividends tax forms) with this worksheet. If you are not required to file a Federal tax return, please check here: ____.

INCOME SOURCE

AMOUNT

1. Wages \$ _____

2. Pension \$ _____

3. Social Security \$ _____

4. Interest/Dividends \$ _____

5. Net Rental Income \$ _____

6. Other Sources (please list)

_____ \$ _____

_____ \$ _____

TOTAL INCOME (Total of lines 1 through 6) \$ _____

If TOTAL INCOME exceeds \$50,000 (single) or \$60,000 (married), you do not qualify for this exemption.

ASSETS:

Please list all assets as directed below, but not limited to:

REAL ESTATE (Land and buildings; please do NOT include your Hopkinton residence):

LOCATION (Address/Town/State)	TOTAL VALUE	MINUS LIENS/MORTGAGES	EQUALS NET VALUE

Please attach a copy of Inventory Form or most recent tax bill for each property.

TOTAL REAL ESTATE ASSETS: \$ _____

VEHICLE(S)

YEAR	MAKE	MODEL	VALUE

TOTAL VEHICLE(S) VALUE: \$ _____

CASH ASSETS:

Please list all cash assets as directed below,
providing statements, passbook balances, etc., which show the values of each.

ACCOUNTS	BALANCE	NAME OF BANK	ACCOUNT NUMBER
Checking	\$ _____	_____	_____
Savings	\$ _____	_____	_____
IRA	\$ _____	_____	_____
CDs/Mutual Funds	\$ _____	_____	_____
Stocks/Bonds/Other	\$ _____	_____	_____

TOTAL CASH ASSETS: \$ _____

SUMMARY OF ASSETS:

TOTAL CASH ASSETS \$ _____
TOTAL REAL ESTATE \$ _____
TOTAL VEHICLE VALUE \$ _____

TOTAL OF ALL ASSETS: \$ _____

If TOTAL ASSETS exceed \$150,000, you do not qualify for this exemption.

Based on the above guidelines, if you appear to qualify for the Elderly Exemption, please return this completed worksheet to the Hopkinton Assessor's Office no later than April 15 (after the final notice of tax).

**I CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM QUALIFIED AND MEET ALL THE
REQUIREMENTS FOR THE ELDERLY EXEMPTION FOR WHICH I HAVE APPLIED.**

Applicant Signature: _____ **Date:** _____
Spouse Signature: _____ **Date:** _____