

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS**  
 DUE DATE APRIL 15th PRECEDING THE SETTING OF THE TAX RATE  
 CALL YOUR CITY/TOWN FOR INCOME AND ASSET LIMITS

There is a separate page of instructions (pages 3 & 4) that accompany this form. If you do not receive the instructions, please visit our web site at [www.nh.gov/revenue](http://www.nh.gov/revenue) or contact your city/town.

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL	PROPERTY OWNERS NAME
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL	
	MAILING ADDRESS			
	CITY/TOWN	STATE	ZIP CODE	
	CITY/TOWN TAX MAP #	BLOCK #	LOT #	
	ADDRESS OF PROPERTY			
<b>STEP 2 VETERANS' TAX CRED- ITS/EX- EMPTION</b>	1 Veteran's Name _____			
	2 Date of Entry into Military Service _____		3 Date of Discharge/Release from Military Service _____	
	4 <input type="checkbox"/> Veteran <input type="checkbox"/> Veterans' Tax Credit			
	<input type="checkbox"/> Spouse <input type="checkbox"/> Credit for Service Connected Total and Permanent Disability			
	<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Credit for Surviving Spouse of Veteran Who Was Killed or Died on Active Duty			
	Veteran of Allied Country			
	5 Name of Allied Country Served in _____		6 Branch of Service _____	
	7 <input type="checkbox"/> US Citizen at time of entry into the Service		8 <input type="checkbox"/> Alien but Resident of NH at time of entry into the Service	
	9 Does any other eligible Veteran own interest in this property? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, give name _____			
	10 <input type="checkbox"/> Total Veteran Exemption		<input type="checkbox"/> (a) Veteran <input type="checkbox"/> (b) Surviving Spouse of that Veteran	
<b>STEP 3 OTHER EXEMP- TIONS</b>	11 <input type="checkbox"/> Elderly Exemption Applicant's Date of Birth _____ Spouse's Date of Birth _____ Must be 65 years of age on or before April 1st of year for which exemption is claimed.			
	12 <input type="checkbox"/> Disabled Exemption		<input type="checkbox"/> Solar Energy Systems Exemption	
	<input type="checkbox"/> Blind Exemption		<input type="checkbox"/> Woodheating Energy Systems Exemption	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/> Wind-Powered Energy Systems Exemption		
<b>STEP 4 IMPROVE- MENTS</b>	13 <input type="checkbox"/> Improvements to Assist Persons with Disabilities <input type="checkbox"/> Improvements to Assist the Deaf			
<b>STEP 5 RESIDEN- CY</b>	14 <input type="checkbox"/> This is my primary residence <input type="checkbox"/> NH Resident for one year preceding April 1st in the year in which the tax credit is claimed (Veterans' Credit) <input type="checkbox"/> NH Resident for <b>Five Consecutive Years</b> preceding April 1st in the year the exemption is claimed (Disabled & Deaf Exemptions) <input type="checkbox"/> NH Resident for <b>Three Consecutive Years</b> preceding April 1st in the year the exemption is claimed (Elderly Exemption)			
<b>STEP 6 OWNER- SHIP</b>	15 Do you own 100% interest in this residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, what percent (%) do you own? _____			
<b>STEP 7 SIGNA- TURES</b>	Under penalties of perjury, I hereby declare that the above statements are true.			
	SIGNATURE (IN INK) OF PROPERTY OWNER			DATE
	SIGNATURE (IN INK) OF PROPERTY OWNER			DATE
<b>WHEN TO FILE</b>	<p><b>Deadline:</b> Form PA-29 must be filed by April 15th <i>preceding</i> the setting of the tax rate. The assessing officials shall send written notice to the taxpayer of their decision by July 1st <i>prior</i> to the date of notice of tax. Failure of the assessing officials to respond shall constitute a denial of the application. Example: If you are applying for an exemption and/or credit off your 2011 property taxes, which are due no earlier than December 1, 2011, then you have until April 15th, 2011 to file this form. The assessing officials have until July 1st, to send notice of their decision. Failure of the assessing officials to respond shall constitute a denial of the application.</p> <p><b>A late response or a failure to respond by assessing officials does not extend the appeal period.</b></p> <p>Date of filing is when the completed application form is either hand delivered to the city/town, postmarked by the post office, or receipted by an overnight delivery service.</p>			
<b>APPEAL PROCE- DURE</b>	<p>If an application for a property tax exemption or tax credit is denied by the town/city, an applicant may appeal in writing on or before <b>September 1st following</b> the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2010 property taxes, you have until September 1, 2011, to appeal.</p> <p>Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b>.</p>			

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS**  
TO BE COMPLETED BY CITY/TOWN ASSESSING OFFICIALS

**MUNICIPAL AUTHORIZATION**

**VETERANS' TAX CREDIT**

CITY/TOWN TAX MAP #	BLOCK #	LOT #	Granted	Denied	Date
<input type="checkbox"/> Veterans' Tax Credit (\$50 minimum to \$500)		Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Service Connected Total & Permanent Disability (\$700 minimum to \$2000)		Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Surviving Spouse of Veteran Who Was Killed or Who Died on Active Duty (\$700 minimum to \$2000)		Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Review Discharge Papers (Form DD214), Form # _____					
<input type="checkbox"/> Other Information _____					

**VETERANS' EXEMPTION**

Total Exemption       (a) Veteran       (b) Surviving Spouse

Granted  Denied  Date \_\_\_\_\_

**APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS**

Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
			Age Range	Amount
Single	\$ _____	\$ _____	65 - 74 years of age	\$ _____
Married	\$ _____	\$ _____	75 - 79 years of age	\$ _____
<b>Asset Limits</b>			80 + years of age	\$ _____
Single	\$ _____	\$ _____		
Married	\$ _____	\$ _____		

**OTHER EXEMPTIONS**

	Amount \$	Granted	Denied	Date
<input type="checkbox"/> Elderly Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Disabled Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Improvements to Assist the Deaf	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Blind Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Deaf Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Solar Energy Systems Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Woodheating Energy Systems Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Wind-Powered Energy Systems Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**A photocopy of this Form (Pages 1 & 2) or a Form PA-35 must be returned to the property owner after approval or denial before July 1st.**

The following documentation may be requested at the time of application in accordance with RSA 72:34, II:

- List of assets, value of each asset, net encumbrance and net value of each asset.
  - \* Statement of applicant and spouse's income.
  - \* Federal Income Tax Form.
  - \* State Interest and Dividends Tax Form.
  - \* Property Tax Inventory Form filed in any other town.
- \* Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.

Municipal Notes

Selectmen/Assessor(s) Printed Name	Signatures(s) of Approval (in ink)	Date