

INCOME INFORMATION- FOR THE PERIOD OF JANUARY 1, 2022 – DECEMBER 31, 2022

Gross Income Not to Exceed \$41, 00 if Single/\$55,000 if Married

*****You must identify ALL sources of income; use additional pages if needed*****

Please submit supporting documents for ALL sources of income (1099, W-2, etc)

Source, these are examples	Applicant	Spouse
Social Security (Form SSA 1099)	\$ _____	\$ _____
Social Security Disability Income (Title II or Title XVI)	\$ _____	\$ _____
Veterans Admin Disability Income	\$ _____	\$ _____
Short/Long Term Disability Income	\$ _____	\$ _____
SSI Income for Dependents	\$ _____	\$ _____
Wages, Salaries (W-2 or 1099)	\$ _____	\$ _____
Unemployment (W-2 or 1099)	\$ _____	\$ _____
Business/Self Employed Income (2022 Tax Returns all Schedules)	\$ _____	\$ _____
Workers Compensation (W-2 or 1099)	\$ _____	\$ _____
Pension(s) (1099)	\$ _____	\$ _____
Annuity Distributions (1099)	\$ _____	\$ _____
401K/IRA Distributions (1099R)	\$ _____	\$ _____
Dividends Stocks (1099-DIV)	\$ _____	\$ _____
Interest (1099-INT)	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Gambling/Lottery Winnings	\$ _____	\$ _____
Real Estate Income	\$ _____	\$ _____
Fuel/Electric/Food Stamps, etc.	\$ _____	\$ _____
Trust Income	\$ _____	\$ _____
ANY Other Income	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____
TOTAL COMBINED GROSS INCOME	\$ _____	

Does anyone (other than your spouse) live with you?

YES

NO

If yes, please give the amount that person contributed to the household for rent, bills or other payments.

ASSET INFORMATION – AS OF THE DATE OF THIS APPLICATION

Total Assets not to exceed \$140,000

*****This list is NOT exhaustive, please list ALL ASSETS below and/or on additional pages*****

PLEASE SUBMIT FULL STATEMENTS, ALL PAGES REQUIRED, FOR ALL ASSETS FROM OCTOBER 1, 2022 TO CURRENT.

(We may request additional information as needed to determine qualification.)

Company Name	Last 4 #s of the Account #	Asset Type	Balance	Date
_____	_____	Checking Account(s)	\$ _____	_____
_____	_____	Checking Account(s)	\$ _____	_____
_____	_____	Savings Account(s)	\$ _____	_____
_____	_____	Savings Account(s)	\$ _____	_____
_____	_____	Certificates of Deposit	\$ _____	_____
_____	_____	Certificates of Deposit	\$ _____	_____
_____	_____	IRA/CD	\$ _____	_____
_____	_____	IRA/CD	\$ _____	_____
_____	_____	401K Account(s)	\$ _____	_____
_____	_____	401K Account(s)	\$ _____	_____
_____	_____	Money Market Account(s)	\$ _____	_____
_____	_____	Stocks/Bonds	\$ _____	_____
_____	_____	Savings Bonds	\$ _____	_____
_____	_____	Annuities	\$ _____	_____
_____	_____	Annuities	\$ _____	_____
_____	_____	Mutual Funds	\$ _____	_____
_____	_____	Mutual Funds	\$ _____	_____
_____	_____	Cash Value of Life Insurance	\$ _____	_____
_____	_____	Cash Value of Life Insurance	\$ _____	_____
_____	_____	Other _____	\$ _____	_____

Is any part of the property used for the operation of a business? YES NO

If yes, a complete IRS 1040 Form must be provided.

ANY OTHER REAL ESTATE OWNED

Do you own (individually, jointly, in common, fractionally) any other real estate **anywhere**? YES NO

ADDRESS' OF OTHER OWNED REAL ESTATE

Other Real Estate _____

Other Real Estate _____

Commercial Real Estate _____

Business Real Estate _____

Land _____

Camp/Cottage/Camp Site _____

Mobile Home _____

You must provide the most recent tax bill(s) for all other property owned, excluding the property in Salem that you are applying for an exemption.

VEHICLES

Please provide the vehicle registrations and the following information for **ALL** vehicle(s) you may own. Including: cars, trucks, boats, motorcycles, antique cars, motor homes, camper, snowmobile, recreational vehicles, etc.

	YEAR	MAKE	MODEL	COLOR	MILEAGE	VALUE
Vehicle 1	_____	_____	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____	_____	_____
Vehicle 3	_____	_____	_____	_____	_____	_____

IRS/TAX INFORMATION

Have you/will you file an IRS Tax Return for 2022? YES NO

Have you/will you or your spouse file a NH Interest & Dividends Tax Return for 2022? YES NO

PROPERTY TAX EXEMPTION CERTIFICATION OF AFFIDAVIT

To Be Read and Acknowledged by The Applicant(s). Please read, initial each & every line. If there is anything you do not understand, please ask for clarification.

_____ I/we hereby certify under unsworn falsification that the Exemption application with financial documentation submitted to the Salem, NH Assessing Dept. for a property tax exemption is complete, true, and correct.

_____ I/we do not claim residency in any other city or town, or in any other state. **IF** your permanent residence changes, you are obligated by law to advise the Assessing Department. **IF** I/we relocate within the Town of Salem, with a family/friend, into a nursing home, etc, I/we must file an amended application with the Assessing Department as soon as possible, on or before December 1, immediately following the change in residence.

_____ I/we swear under penalty of perjury that I have been a legal resident of New Hampshire for the last three consecutive years (Elderly Exemption) or five years (Disabled Exemption) preceding April 1st in the year applying for the tax exemption; and that the Salem NH property on which the exemption is being sought is my primary residence and principal place of abode.

_____ One or both applicants are at least 65 years of age as of April 1st if applying for the Elderly Exemption **OR** one or both of us are receiving Social Security Disability benefits under Title II or Title XVI if applying for the Disabled Exemption.

_____ The property is owned by a Salem, NH resident (a) Owned by the resident; or (b) Owned by a resident jointly or in common with the resident's spouse, either of whom meets the age requirement for the exemption claimed; or (c) Owned by a resident jointly or in common with a person not the resident's spouse, if the resident meets the applicable age requirement for the exemption claimed; or (d) Owned by a resident, or the resident's spouse, either of whom meets the age requirement for the exemption claimed, and when they have been married to each other for at least 5 consecutive years. (Exemption will be according to percentage of ownership.)

_____ I/we certify under penalty of perjury that I am not receiving any other residential tax exemption/credit in any other community within NH, and I am not receiving a similar benefit such as a homestead exemption in any other state.

_____ I/we understand that if I put my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit/exemption.

_____ I/we understand that if my income or assets change, there is a possibility I may no longer qualify for the tax exemption, and that I am under obligation to notify the Assessing Department. I agree to repay the Town of Salem, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information will result in the denial of exemption.

_____ If my marital status changes, I must notify the Assessing Department.

_____ I/we understand that The Town of Salem will use all available resources to verify an applicant's eligibility for this exemption. I authorize any lawyer, banking/lending/financial institution, employer/former employer, utility company, insurance company, IRS, tax preparer/accountant, any town, city, county or federal department, or any person, company, organization, or agency to release all information concerning my financial circumstances to the Town of Salem, NH Assessors Department.

_____ A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he/she makes any written false statements which he/she does not believe to be true, or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he/she submits or invites reliance on any writing which he/she knows to be lacking in authenticity. RSA 641:3

I/we have read and understand the statements on page five. Any misrepresentation on my/our part may result in court action for recovery. I/we certify the information submitted is true, accurate and complete to the best of my/our knowledge.

My/our signature(s) below constitute(s) the granting of my/our authority to the Town of Salem, NH to obtain verification and/or proof from all sources concerning my/our household's financial circumstances.

Applicant/Owner Signature

Date

Print Name

Applicant's Spouse/Owner Signature

Date

Print Name

PERMISSION TO DISCUSS

The Town of Salem will not release or discuss your information with any party without your express written permission. IF you would like to have us discuss your application with a family member, friend, caregiver, or financial advisor you **MUST** complete the following.

I, _____ give the Town of Salem Assessing Department permission to discuss any
(Applicant Please Print Name)
financial information necessary to complete my application for property tax exemption with:

Contact Name _____ Relationship _____

Phone # _____

Applicant's Signature _____ Date _____

COPIES OF CONFIDENTIAL DOCUMENTS

ALL documents submitted are considered confidential and all original documents will be returned to the applicant at the time the application is submitted. Copies of any original documents will be made to determine if the applicant is qualified for the Exemption. ALL copies will be shredded after a decision has been made unless the applicant provides us with a stamped, self-addressed envelope to have them returned.