

1-Apr-2018

Exemption Requests

	PA-29	PA-33	Worksheet	DP-08	PA-30	Info sheet	Income work sheet	Qualifying Dates	DD-214	Due Dates
		property in trust	Veterans' Credit							
1	X	X	X					X	X	April 15
2	X	X						X	X	April 15
3	X	X				X	X			April 15
4	X	X				X	X			April 15
5	X	X				X	X			April 15
6				X						May 1-June 30
7					X		X			March 1

- 1 T/C reviews and submits to Assessor for approval
- 2 T/C reviews and submits to Assessor for approval
- 3 T/C provides forms /Town Administrator reviews
- 4 T/C provides forms /Town Administrator reviews
- 5 T/C provides forms /Town Administrator reviews
- 6 Form mailed directly to applicants from State/ we can provide form, mailed to State
- 7 T/C provides forms /Town Administrator reviews

Town of Hampton Falls

TAX DEFERRAL FOR ELDERLY AND DISABLED QUALIFICATIONS WORKSHEET

This worksheet is to be completed and submitted along with all supporting documentation. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application.

FIRST TIME APPLICANT _____ PREVIOUS APPLICANT _____ (Please check one)

Please print all information clearly:

Applicant's Name: _____ Date of Birth _____

Co-Applicant/Spouse Name: _____ Date of Birth _____

Principle Place of Abode: _____ Date of NH Residency _____

Mailing Address: _____

INCOME: Please list income from all sources, amounts of all **per year** and attach supporting documentation such as social security statements, W-2's and 1099's to this worksheet.

SOURCE:	Applicant:	Applicant's Spouse:	Documentation
Social Security:	\$ _____	\$ _____	_____
Pension & Retirement	\$ _____	\$ _____	_____
Wages:	\$ _____	\$ _____	_____
Unemployment/VA Benefit:	\$ _____	\$ _____	_____
Disability/Worker's Comp:	\$ _____	\$ _____	_____
Rental Income:	\$ _____	\$ _____	_____
Interest/Dividends Income	\$ _____	\$ _____	_____
Public Assistance:	\$ _____	\$ _____	_____
Other Income:	\$ _____	\$ _____	_____
Total Income:	\$ _____	\$ _____	

MONTHLY EXPENSES: Please list your expenses based on the previous month in which this application is being made (e.g. if you are applying in February, provide expenses from January). For any expenses listed, please provide proof of expense (i.e. copies of bills, utility statements, bank statements, receipts, etc.). Please fill this section out completely. If you do not have an expense, please indicate that it is not applicable by writing in N/A.

Mandatory payments

Child support \$ _____
 Mandatory Pension \$ _____
 Alimony \$ _____
 Back taxes \$ _____
 Other court ordered \$ _____

Uninsured Health Care

Medical \$ _____
 Dental \$ _____
 Orthodontics \$ _____
 Eye care/glasses/contacts \$ _____
 Prescription drugs \$ _____
 Therapy/counseling \$ _____

Housing

Rent/mortgage payments \$ _____
 Property taxes \$ _____
 Condo fees \$ _____
 Home maintenance
 (snow removal/lawn care) \$ _____

Transportation

Primary vehicle payment \$ _____
 Other vehicle payment \$ _____
 Vehicle maintenance/gas \$ _____
 Registration/tax \$ _____

Utilities

Heat (oil/propane/gas, etc.) \$ _____
 Telephone (home) \$ _____
 Telephone (cell) \$ _____
 Electricity \$ _____
 Cable television \$ _____
 Internet \$ _____
 Water/Sewer \$ _____

General/Personal

Groceries \$ _____
 Meals eaten out \$ _____
 Clothing \$ _____
 Hair care \$ _____
 Toiletries & cosmetics \$ _____
 Pet food and care \$ _____
 Church & charities \$ _____
 Laundry & dry cleaning \$ _____
 Gifts \$ _____
 Newspapers and magazines \$ _____
 Credit card payments \$ _____
 Other loan payments \$ _____
 Entertainment \$ _____

Insurance

Homeowner/renter \$ _____
 Vehicle(s) \$ _____
 Health/dental \$ _____
 Life/disability \$ _____

MONTHLY TOTAL \$ _____

ASSETS: Please list all assets owned. Attach most recent 3 months of bank statements – ALL PAGES and any other supporting documentation.

INSTITUTION NAME:	TYPE:	VALUE/AMOUNT	STATEMENT DATE
_____	Checking	_____	_____
_____	Savings	_____	_____
_____	IRA	_____	_____
_____	Mortgage(Reverse)	_____	_____
_____	Other	_____	_____

VEHICLES / BOATS / ANTIQUES / OTHER:

A. Car: Make / Model / Year / Mileage _____ Est. Value \$ _____

B. Car: Make / Model / Year / Mileage _____ Est. Value \$ _____

C. Boat / Model / Year _____ Est. Value \$ _____

D. RV / Model / Year _____ Est. Value \$ _____

E. Antiques / Collections _____ Est. Value \$ _____

F. Other (Description) _____ Est. Value \$ _____

REAL ESTATE: Include all real estate owned anywhere including residence.

Property Type _____

In Town/State _____

**Provide copy of property tax bill.

Estimated Market Value \$ _____

TOTAL OF All ASSETS \$ _____

I swear, under penalty of perjury, that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge and that this is my primary place of abode per RSA 72:38-a. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the **Town of Hampton Falls**. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

TELEPHONE: _____

COAPPLICANT'S SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

PLEASE RETURN THIS QUESTIONNAIRE AND ALL SUPPORTING DOCUMENTATION BY MARCH 1st OF THE QUALIFYING TAX YEAR

ABOVE CALCULATIONS BASED UPON FINANCIALS PRODUCED BY PROPERTY OWNER. DESCRIPTION OF FINANCIAL IS SHOWN UNDER CATEGORY. THIS WORKSHEET WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT AND IT MAY ALSO BE USED BY THE TOWN IN DEFENSE OF ANY ACTION TAKEN AS A RESULT OF DECISION RENDERED ON INFORMATION CONTAINED HEREIN. REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).

FORM

PA-30

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ELDERLY AND DISABLED TAX DEFERRAL APPLICATION

DUE MARCH 1 FOLLOWING THE NOTICE OF TAX

OWNER AND APPLICANT INFORMATION													
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	<p style="text-align: right;">If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO</p> <p>OWNER _____</p> <p>APPLICANT'S LAST NAME _____ APPLICANT'S FIRST NAME _____ MI _____</p> <p>APPLICANT'S LAST NAME _____ APPLICANT'S FIRST NAME _____ MI _____</p> <p>STREET ADDRESS _____</p> <p>MAILING ADDRESS (if different from above) _____</p> <p>CITY/TOWN _____ STATE _____ ZIPCODE _____</p>												
STEP 2 PROPERTY LOCATION	<p style="text-align: center;">PROPERTY LOCATION</p> <p>STREET _____</p> <p>CITY/TOWN _____ COUNTY _____</p> <p>NUMBER OF ACRES _____ TAX MAP _____ BLOCK _____ LOT _____ BOOK _____ PAGE _____</p>												
STEP 3 TO BE COMPLETED BY PROPERTY OWNER	<p>(a) Tax year for which the deferral is requested _____</p> <p>(b) Amount of requested tax deferral _____</p> <p>(c) Amount of tax bill _____</p> <p>(d) Is the applicant:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>65 or older and has owned homestead for five (5) consecutive years; or</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Receives benefits under Title II or Title XVI of the Federal Social Security Act and has owned homestead for one year; and</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Living in the home?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>		YES	NO	65 or older and has owned homestead for five (5) consecutive years; or	<input type="radio"/>	<input type="radio"/>	Receives benefits under Title II or Title XVI of the Federal Social Security Act and has owned homestead for one year; and	<input type="radio"/>	<input type="radio"/>	Living in the home?	<input type="radio"/>	<input type="radio"/>
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Living in the home?	<input type="radio"/>	<input type="radio"/>											
STEP 4 OWNER SIGNATURES	<p>I understand that upon approval of this application by the municipal assessing officials, a lien shall be created against the above described property, pursuant to RSA 72:38-a. My signature below indicates my agreement with the obligation incurred against the property described in Step 2 above. Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">TYPE OR PRINT NAME</td> <td style="width: 25%; border-bottom: 1px solid black;">SIGNATURE (IN INK)</td> <td style="width: 25%; border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">TYPE OR PRINT NAME</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK)</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">TYPE OR PRINT NAME</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK)</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">TYPE OR PRINT NAME</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK)</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> </table>	TYPE OR PRINT NAME	SIGNATURE (IN INK)	DATE	TYPE OR PRINT NAME	SIGNATURE (IN INK)	DATE	TYPE OR PRINT NAME	SIGNATURE (IN INK)	DATE	TYPE OR PRINT NAME	SIGNATURE (IN INK)	DATE
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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELDERLY AND DISABLED TAX DEFERRAL APPLICATION

STEP 5 APPROVAL BY THE MORTGAGEE	<p>By signing below, the mortgagee signifies that they do approve and are duly notified that upon approval of this application by the municipal assessing officials, a lien shall be created against the above described property, pursuant to RSA 72:38-a, III.</p> <hr/> <p>NAME OF MORTGAGE HOLDER _____</p> <hr/> <p>SIGNATURE OF OFFICER OR AGENT FOR MORTGAGEE _____ TITLE _____ DATE _____</p>
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TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

STEP 6 AMOUNT OF TAXES DEFERRED	<p>(a) Amount of tax deferred in prior years <input style="width: 80px;" type="text"/></p> <p>(b) Amount of tax deferred in current year <input style="width: 80px;" type="text"/></p> <p>(c) Total amount of taxes deferred [6(a) + 6(b)] <input style="width: 80px;" type="text"/></p>																					
STEP 7 PERCENT OF EQUITY VALUE ENCUMBERED	<p>(a) Enter the percentage of total equity value of the property encumbered in prior years <input style="width: 80px;" type="text"/></p> <p>(b) Enter the percentage of total equity value of the property encumbered in current year <input style="width: 80px;" type="text"/></p> <p>(c) Percentage of total equity value the property encumbered for: All Years [7(a) + 7(b)] <input style="width: 80px;" type="text"/></p>																					
STEP 8 MUNICIPAL DECISION	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%;">GRANTED</th> <th style="width: 10%;">DENIED</th> <th style="width: 15%;">AMOUNT</th> <th style="width: 15%;">DATE</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Elderly Tax Deferral</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80px;" type="text"/></td> <td><input style="width: 80px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Disabled Tax Deferral</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80px;" type="text"/></td> <td><input style="width: 80px;" type="text"/></td> </tr> </tbody> </table> <p>For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)</p> <p>Reason for Denial <input style="width: 90%; height: 40px;" type="text"/></p>		GRANTED	DENIED	AMOUNT	DATE	<input type="checkbox"/> Elderly Tax Deferral	<input type="radio"/>	<input type="radio"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/> Disabled Tax Deferral	<input type="radio"/>	<input type="radio"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>						
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STEP 9 APPROVAL OF A MAJORITY OF SELECTMEN / MUNICIPAL ASSESSING OFFICIALS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="width: 30%; border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="width: 20%; border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> </table>	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELDERLY AND DISABLED TAX DEFERRAL APPLICATION

WHO MAY FILE	Under the provisions of RSA 72:38-a, I, any resident property owner may apply for a tax deferral if they: <ul style="list-style-type: none"> • Are either at least 65 years of age or eligible under Title II or Title XVI of the Federal Social Security Act for benefits for the disabled; • Have owned the homestead for at least five consecutive years if elderly or at least one year if disabled; and • Are living in the home.
WHEN TO FILE	The completed Form PA-30 shall be filed by March 1 following the date of notice of tax. Example: If you are applying for a tax deferral from your 2014 property taxes, which are due no earlier than December 1, 2014, then you have until March 1, 2015 to file this form.
WHERE TO FILE	Once completed and signed in ink, this form shall be filed as follows: Original: Register of Deeds Copy: To the Selectmen / Municipal Assessing Officials of the municipality of your primary residence Copy: Property Owner
TAX DEFERRAL PROVISIONS	The municipal assessing officials may annually grant a person qualified under this paragraph a tax deferral for all or part of the taxes due, plus annual interest at five percent, if in their opinion the tax liability causes the taxpayer an undue hardship or possible loss of the property. The total of tax deferrals on a particular property shall not be more than 85 percent of its equity value. A tax deferral shall be subject to any prior liens on the property and shall be treated as such in any foreclosure proceedings. If the property is subject to a mortgage, the owner must have the mortgage holder's approval of the tax deferral. Such approval does not grant the town a preferential lien.
APPEALS	The municipal assessing officials shall send written notice advising the taxpayer of their decision to grant or deny the request for exemption by July 1. Failure of the municipal assessing officials to respond shall constitute a denial of the application. If an application for a property tax deferral is denied, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the County Superior Court in the county where the property is located. Example: If you were denied a deferral from your 2014 property taxes, you have until September 1, 2015 to appeal. Forms for appealing to the Board of Tax and Land Appeals may be obtained from the New Hampshire Board of Tax and Land Appeals, 107 Pleasant Street, Concord, NH 03301, by calling (603) 271-2578 or by visiting their website at www.nh.gov/btla . Be sure to specify that you are appealing the Elderly or Disabled Tax Deferral application denial.
ADA COMPLIANCE	Individuals who need auxiliary aids for effective communication in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.
NEED HELP	Contact your local municipality or the Municipal and Property Division at (603) 230-5950; or visit the department's website at www.revenue.nh.gov/forms .

LINE-BY-LINE INSTRUCTIONS

STEP 1	Enter the complete name and address of the property owner(s) requesting a tax deferral under RSA 72:38-a.
STEP 2	Enter the location, street address, municipality, county, number of acres, tax map, block and lot numbers, and book and page numbers of the property for which the RSA 72:38-a, deferral is requested.
STEP 3	(a) Enter the tax year for which the deferral is requested. (b) Enter the amount of the requested tax deferral. (c) Enter the amount of the tax bill for the year of this application. (d) Check the appropriate boxes to indicate that all of the qualification requirements have been met.
STEP 4	ALL property owners of record must type or print their full name, sign and date in ink, acknowledging that they understand and agree to the obligation incurred against the property by electing a deferral of taxes under RSA 72:38-a. If there are more than four owners, submit a supplemental list of names and signatures.
STEP 5	Enter the name of the mortgage holder and obtain the signature of an authorized agent for the mortgage holder.
STEP 6	The municipal assessing officials shall complete this step. (a) Enter the amount of taxes deferred in prior years. (b) Enter the amount of tax requested for deferral in the current year. (c) The total amount of the tax deferral (Step 6(a) plus Step 6(b)).
STEP 7	The municipal assessing officials shall complete this step. (a) Enter the percentage of the total equity value encumbered under RSA 72:38-a in prior years. (b) Enter the percentage of the total equity value encumbered under RSA 72:38-a in the current year. (c) The percentage of the total equity value encumbered for all years combined (Step 7(a) plus Step 7(b)). If the result of Step 7(c) exceeds 85 percent, this application will be denied pursuant to RSA 72:38-a, I.
STEP 8	The municipal assessing officials shall complete this step. Check applicable box for type of tax deferral. Check whether tax deferral was granted or denied. If granted, enter dollar amount granted. Enter date tax deferral was granted.
STEP 9	Signatures of a majority of the local Selectmen or municipal assessing officials on the lines provided indicates approval.