

**TOTALLY & PERMANENTLY DISABLED EXEMPTION**

**I HEREBY MAKE APPLICATION FOR THE TOTALLY & PERMANENTLY DISABLED EXEMPTION. IN MAKING THIS APPLICATION I CERTIFY, UNDER THE PAINS AND PENALTIES OF PERJURY, TO THE FOLLOWING:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

1. That I have been a resident of the State of New Hampshire for a period of five years prior to April 1<sup>st</sup> of this year.
2. That the real estate upon which this exemption is claimed is located at the above address and is occupied by me as my principal place of abode.
3.
  - a) That I am owner of the above real estate.
  - b) or that it is owned jointly or in common with my spouse.
4. That income from all sources during the preceding calendar year was less than \$46,000. if single or \$65,000. if married, after deducting:
  - a) Life insurance paid on the death of an insured.
  - b) Expenses and costs incurred in the course of conducting a business enterprise.
  - c) Proceeds from the sale of assets.

**PLEASE NOTE THAT INCOME FROM SUCH SOURCES AS THE FOLLOWING MUST BE INCLUDED:**

- a) Wages, salaries, tips, and fees.
  - b) Annuities and pensions
  - c) Rental or royalty income
  - d) Dividends and interest from all stocks, bonds, notes, CD's, savings accounts, all savers certificates, IRA's, etc.
5. That I own net assets of \$145,000. or less, excluding the residential real estate on which this exemption is claimed with a home site not exceeding two acres. "Net Asset" is the value less any good faith encumbrances.

**PLEASE NOTE THAT ASSETS INCLUDE SUCH ITEMS AS THE FOLLOWING:**

- a) Any real estate other than the residence and up to two acres on which the exemption is claimed in Hanover or elsewhere.
  - b) Personal property: household furniture, automobiles, clothing, jewelry.
  - c) Cash value of insurance policies, annuities, etc.
  - d) Intangibles: e.g. market value of stocks, bonds, notes, CD's, IRA's, etc.
  - e) Savings accounts and cash.

**EXEMPTION GRANTED** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**AMOUNT** \_\_\_\_\_ **REASON** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_