FORM PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

STEP 1	OWNER AND APPLICANT INFORMATION
OWNER AND	OWNER If required, is a PA-33 on file?
APPLICANT NAME	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER
AND	- Non-Example
ADDRESS	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER
	TR TY
	MAILING ADDRESS
	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER RAPPLICANT'S FIRST NAME CITY/TOWN STATE ZIPCODE
	Mm Am
	PROPERTY ADDRESS TAX MAP BLOCK LOT
	IS THIS YOUR PRIMARY RESIDENCE? () YES () NO
	VETERAN'S INFORMATION
STEP 2 VETERANS	1. APPLICANT IS THE: 2. APPLYING FOR:
TAX CREDITS	Veteran Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$500)
AND EXEMPTION	Spouse All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$500)
	Surviving Spouse Tax Credit (NSA 72:25-5) // Adopted by Your Standard (\$700) / Optional (\$701 up to \$2,000)
	Tax Credit for Surviving Spouse (RSA 72:29-a "of any person who was killed or died while on active duly")
	Certain Disabled Veterans (Exemption) (RSA 72:36-a)
	3. Veteran's Name Dates of Military Service Enter (MMDDYYYY) Date of Entry 5. Date of Discharge/Release
	Bates of Military Service Enter (MMDDYYYY) IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) 6. Name of Allied Country Served in 7. Branch of Service 9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name Bates of Military Service Enter (MMDDYYYY) 8. Please Check One. US Citizen at time of entry into Service
	6. Name of Allied Country Served in 7. Branch of Service
	SW/ZIII
	9. Does any other eligible Veteran own interest in this property? 8. Please Check One.
	YES NO If YES, provide name US Citizen at time of entry into Service Alien but resident of NH at time of entry into Service
STEP 3 EXEMPTIONS	STANDARD EXEMPTIONS
	10. Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a) (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth 10b. Spouse's Date of Birth
	11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)
	12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62) Deaf Exemption (RSA 72:38-b) Wind-Powered Energy Systems Exemption (RSA 72:66)
	Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)
STEP 4 RESIDENCY	13. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)
KESISENST	NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed
	NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)
STEP 5 OWNERSHIP	NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption) 14. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own? 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.
STEP 6 SIGNATURES	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.
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE

FORM

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS PA-29 MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS VETERANS' TAX CREDIT GRANTED DENIED DATE MUNICIPAL TAX MAP BLOCK LOT **AMOUNT** Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$500) All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$500) Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$2,000) Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000) Review Applicable Discharge Papers Form(s) Other Information VETERANS' EXEMPTION GRANTED () DENIED () Certain Disabled Veterans' Exemption O Veteran Surviving Spouse APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS **Elderly Exemption Elderly Exemption Per Age Category Deaf Exemption** Disabled Exemption Income Limits 65-74 years of age Single 75-79 years of age Married **Asset Limits** 80+ years of age Single Married STANDARD and LOCAL OPTIONAL EXEMPTIONS (If adopted by the City/Town) **AMOUNT** GRANTED DENIED DATE Elderly Exemption 0 Improvements to Assist Persons with Disabilities ☐ Blind Exemption Deaf Exemption Ŏ Disabled Exemption Solar Energy Systems Exemption Woodheating Energy Systems Exemption Wind-powered Energy Systems Exemption A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial. 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. * State Interest and Dividends Tax Form. * Property Tax Inventory Form filed in any other town. * Statement of applicant and spouse's income. Federal Income Tax Form. * Documents are considered confidential and are returned to the applicant at the time a decision is made on the application. Municipal Notes PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL DATE 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

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