



**TOWN OF LONDONDERRY  
EXEMPTION WORKSHEET**

*All information contained within or attached to this application is confidential & must be completed in its entirety.*

To qualify for a tax exemption this Exemption Worksheet must be completed per RSA 72:33, VI. This worksheet and Form PA-29 must be completed and submitted with supporting documentation, **by April 15<sup>th</sup> of current tax year.**

**Please print all information clearly:**

Name of Applicant: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant's Date of Birth & Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Spouse's Date of Birth & Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Owner Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Is this your primary residence?  **YES**  **NO**

Marital Status (circle one):  **Married** ( \_\_\_\_\_ # yrs. Married)  **Single**  **Divorced**  **Widow/er**

Property Type:  **Single Family**  **Single Fam W/Apt**  **Duplex**  **Condo**  **Multi-Fam**( \_\_\_\_\_ # Units)

Residence Owned:  **Jointly**  **In Common**  **Solely**  **Rev. Trust**  **Irrev. Trust**  **Life Estate**

Is any part of the property used for the operation of a home business?  **YES** % \_\_\_\_\_  **NO**

Legal resident of NH since \_\_\_\_\_ Number of years owned residence \_\_\_\_\_

Previous Address if Less Than 5 Years: \_\_\_\_\_

Is the applicant / spouse a trustee or beneficiary of any trust?  **YES**  **NO** *If yes, please specify below.*

**TRUSTEE**  **BENEFICIARY** Name of trustee/beneficiary & Trust \_\_\_\_\_

Have you ever received a Disabled/Elderly Exemption from another community in NH?  **YES**  **NO**

If yes, what town/city and when? \_\_\_\_\_

Do you own or have an interest in any other real estate in the U.S. or abroad?  **YES**  **NO**

If yes, do you receive a property tax exemption/credit on said property :  **YES**  **NO**

Address of additional property: \_\_\_\_\_

Did you file an IRS Tax Return for 2025? (Check one & include required documentation.)

**YES - a copy of your filing is required**  **NO - submit verification – IRS Form 4506-T**

OFFICE USE ONLY				
Parcel ID	_____			
Ex Group	<b>D</b>	<b>E1</b>	<b>E2</b>	<b>E3</b>
Income	_____	Assets	_____	
Assessment	_____			
Exemption Amount	_____			
Prorate %	_____			
Age as of 4/1/26	_____	4506-T	_____	
Shred / Pick Up	PA-29 on file	_____		



## TOWN OF LONDONDERRY EXEMPTION WORKSHEET (CONT.)



**Documents are considered confidential, and all original documents will be returned at the time the application is submitted. Copies will be made to determine if the applicant is qualified for the exemption. Please choose an option below for the handling of the copies after a decision has been made. Please check one:**

Copies shredded by Assessing Staff \_\_\_\_\_ OR Pick up copies \_\_\_\_\_

**I/We, the undersigned, agree to inform within 30 days any change in household circumstances (Income or Assets) to the Town of Londonderry Assessor's Department. I/We agree to repay the Town of Londonderry, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information will result in the denial of exemption.**      Initials \_\_\_\_\_      Initials \_\_\_\_\_

**I swear, under penalty of perjury, that the information provided in this packet is a correct and accurate accounting of my financial condition to the best of my knowledge. 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 Londonderry Assessing office. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.**

_____		_____	
Owner Signature	Date	Co-Owner/Spouse Signature	Date

**The town will not release or discuss your information with any party without your express written permission.**

\_\_\_\_\_ Check here if you would like us to discuss your application with a family member, friend or caregiver.

Name of person \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments:

***Please contact the Assessing Office at 603-432-1100, ext. 190 to set up an appointment once you have all your documentation ready.***



**TOWN OF LONDONDERRY  
2025 INCOME INFORMATION**



For the period of January 1, 2025 – December 31, 2025

**SUPPORTING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION  
(1099R, W-2, BENEFIT STATEMENTS, ETC.)**

*If any of the following categories do not apply, please write N/A.*

<b><u>GROSS INCOME RECEIVED:</u></b>	<b><u>OWNER</u></b>	<b><u>SOURCE</u></b>	<b><u>SPOUSE/CO-OWNER</u></b>	<b><u>SOURCE</u></b>
Social Security Benefits	\$ _____	_____	\$ _____	_____
Wages, Salaries, Tips	\$ _____	_____	\$ _____	_____
Pensions	\$ _____	_____	\$ _____	_____
Retirement	\$ _____	_____	\$ _____	_____
Annuity Distributions	\$ _____	_____	\$ _____	_____
Veteran's Disability Income	\$ _____	_____	\$ _____	_____
Business Income	\$ _____	_____	\$ _____	_____
Rental / Room & Board	\$ _____	_____	\$ _____	_____
Interest	\$ _____	_____	\$ _____	_____
Dividends	\$ _____	_____	\$ _____	_____
Alimony / Child Support	\$ _____	_____	\$ _____	_____
Disability Insurance	\$ _____	_____	\$ _____	_____
Unemployment Benefits	\$ _____	_____	\$ _____	_____
Trust Income	\$ _____	_____	\$ _____	_____
SSI Income for Dependents	\$ _____	_____	\$ _____	_____
Lottery / Gambling Winnings	\$ _____	_____	\$ _____	_____
Food Stamps	\$ _____	_____	\$ _____	_____
Fuel Assistance	\$ _____	_____	\$ _____	_____
Other:	\$ _____	_____	\$ _____	_____
Other:	\$ _____	_____	\$ _____	_____
Other:	\$ _____	_____	\$ _____	_____

**INCOME MAX LIMIT**

Single: \$51,200

Married: \$63,000

Total \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**TOTAL INCOME:** \_\_\_\_\_



**TOWN OF LONDONDERRY**  
**JAN. 1 – DEC.31, 2025 – ASSETS**



**SUPPORTING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION**

*If any of the following categories do not apply, please write N/A.*

**VEHICLES:** Please provide copy of registration.

Vehicle 1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Miles \_\_\_\_\_ Value \_\_\_\_\_  
 Vehicle 2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Miles \_\_\_\_\_ Value \_\_\_\_\_  
 Vehicle 3: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Miles \_\_\_\_\_ Value \_\_\_\_\_

**ACCOUNT & POLICIES:**

Checking Acct # - Last 4	Bank Name	Name(s) on Acct	Balance
Savings Acct # - Last 4	Bank Name	Name(s) on Acct	Balance
CD Acct # - Last 4	Bank Name	Name(s) on Acct	Balance
Money Market Acct # - Last 4	Bank / Institution	Name(s) on Acct	Balance
IRA Acct # - Last 4	Bank / Institution	Name(s) on Acct	Balance
Annuity Acct # - Last 4	Bank / Institution	Name(s) on Acct	Balance
Mutual Funds Acct #	Bank / Institution	Name(s) on Acct	Balance
Stocks/Bonds Acct #	Bank / Institution	Name(s) on Acct	Balance
Life Insurance Policy #	Bank / Institution	Name(s) on Acct	Cash Surrender Value
Additional Real Estate	Location	Owner(s)	Assessed Value
Other Assets:			
<b>ASSET MAX LIMIT:</b>	<b>\$171,600</b>	<b>TOTAL CURRENT ASSETS:</b>	

Supporting Documentation: Statements for last 3 months of 2025 or last quarterly/annual statement & tax bill, if applicable.

# TOWN OF LONDONDERRY - EXEMPTION

## REQUIRED DOCUMENTS CHECKLIST

- 2025** complete federal income tax return (if you file), including all W2s, 1099s, schedules, etc.
- 2025** W-2s if applicable
- 2025** Social Security 1099 & for Disabled Social Security Benefit Letter
- 2025** VA benefits statements
- 2025** 1099Rs, Unemployment benefits statements, any and all pensions (including railroad & veterans), any other income statements
- 2025** Lottery or gambling winnings tax statements
- 2025 October, November & December (must be these months)** – 3 months of statements for **ALL** checking /savings accounts (full copies-all pages, no screenshots will be accepted); *includes Paypal, Venmo, CashApp, etc.*
- 2025 October, November, & December or last quarterly** statement for CDs, IRAs, 401Ks, stocks and/or bonds, money markets, “Surrender Value” of life insurance policies, etc.
- 2025 December or last quarterly** dividend statement and interest & income statements
- Property tax inventory forms filed in any other town
- Copy of trust and trust amendments (if property is in a trust)
- Driver’s license
- Current mortgage statement & current assessment if you own more than a single-family home or have other property anywhere else in the world
- Documentation of any alimony, child support, rental income, and any assistance from others
- Current Vehicle registration and balance of auto loan if applicable
- 2025** Verification of non-filing letter from the IRS if you DO NOT file federal income taxes (This can be obtained by submitting IRS form 4506-T to the IRS.)
- Any other documentation the Town of Londonderry may require to verify income & assets