



# Town of Durham

## EXEMPTION WORKSHEET

### For Tax Year 2026

The Exemption Worksheet must be completed in order to qualify under the requirements of RSA 72:33, VI. This worksheet and Form PA-29, application for tax exemption, must be completed and submitted with supporting documentation by April 15, 2026.

#### OFFICIAL USE ONLY:

Parcel ID \_\_\_\_\_  
Age as of April 1: \_\_\_\_\_  
Ex Group: **D** **65** **75** **80**  
Income \_\_\_\_\_ Assets \_\_\_\_\_  
Assessment \_\_\_\_\_  
Exemption Amount \_\_\_\_\_  
A/D \_\_\_\_\_ By \_\_\_\_\_

**Please print all information clearly:**

1. Applicant's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_
2. Applicant's Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_
3. Spouse's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_
4. Spouse's Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Winter or Alternate Address: \_\_\_\_\_
7. Marital Status (**circle one**): **Married** (\_\_\_\_ # years married) **Single** **Divorced** **Widow/er**
8. Property Address of Which Exemption is Sought: \_\_\_\_\_ Acreage: \_\_\_\_\_
9. Property Type (**circle one**): **Single Family** **Single Fam. w/ In-Law Apt** **Multi-Family** (\_\_\_\_ # Units)
10. Residence Owned: **Jointly** **In Common** **Solely** **Revocable Trust** **Irrevocable Trust** **Life Estate**
11. I have been a legal resident of NH since \_\_\_\_\_ Number of Years Owned Residence: \_\_\_\_\_
12. List primary residence/s for last five (5) years: \_\_\_\_\_
13. Is the Applicant or spouse a trustee or beneficiary of any trust? **YES** **NO** If YES, please specify below.  
**TRUSTEE** **BENEFICIARY** Name of Trustee/Beneficiary & Trust: \_\_\_\_\_
14. Will you be filing a federal income tax return this year? **YES** **NO** If NO, must submit verification (IRS 4506-T).
15. Will you be filing an interest and dividend tax return to the State of New Hampshire? **YES** **NO**
16. Would like us to be able to discuss your application with a friend, family member or caregiver?  
**YES** **NO** If YES, please submit signed Consent form or Durable Power of Attorney.

#### LIST ALL SOURCES OF INCOME DURING THE PRIOR CALENDAR YEAR:

##### 1. Social Security/Pensions/IRAs:


##### 2. Interest/Dividends Earned:


##### 3. Government Assistance:


##### 4. Please check all that apply to you for the previous calendar year:

<input type="checkbox"/> Alimony or Child Support	<input type="checkbox"/> Employment
<input type="checkbox"/> Housing Authority Assistance	<input type="checkbox"/> Home Business or Self-Employed
<input type="checkbox"/> Room or Unit Rental	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Room/Board or Stipend	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Monetary assistance from family member/friend	

<input type="checkbox"/> Trust Income
<input type="checkbox"/> Lottery winnings
<input type="checkbox"/> Disability Insurance
<input type="checkbox"/> Royalties

## LIST ALL ASSETS YOU CURRENTLY OWN:

### 5. Bank Accounts:

(Name of Bank/Type of Account)

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### 6. Investments:

(Name of Company):

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### 7. Vehicles/Recreational Vehicles:

(Mileage/Make/Model/Year)

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### 8. List addresses of all real estate you currently own:

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### 9. Check any that apply to you:

- ☐ Savings Bonds  
☐ Whole Life Insurance

- ☐ Art Collection  
☐ Antique Collection

If you need additional room, please  
continue on the back of paper.

10. Estimated value of household good, appliances, furniture, yard equipment, etc. \$ \_\_\_\_\_  
11. Estimated value of personal items, jewelry, furs, coins, art, antiques, collectibles, etc. \$ \_\_\_\_\_  
12. Estimated value of business equipment & description: \_\_\_\_\_ \$ \_\_\_\_\_

## AFFIDAVIT

Please read, initial each line, and then sign below. If there is anything you do not understand, please ask assessing staff for clarification.

- \_\_\_\_ I certify that I do not claim residency in any other city or town, in any other state.  
\_\_\_\_ I certify that I have been a resident of New Hampshire for 3 consecutive years (Elderly Exemption) or 5 years (Disabled Exemption) as of April 1 in the year applying for tax exemption.  
\_\_\_\_ I certify under penalty of perjury that I am not receiving any other residential tax exemption or tax 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 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 by law to notify the Assessing Department.  
\_\_\_\_ If my marital status changes, I must notify the Assessing Department.  
\_\_\_\_ If I relocate within the Town of Durham, I 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 understand that if I put my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit or exemption.  
\_\_\_\_ 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 statement 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  
\_\_\_\_ The Town of Durham will use all available resources to verify an applicant's eligibility for tax credit or exemption.

I / We have read and understood the above statements. Any misrepresentation on my part may result in court action for recovery. I certify the information submitted is true and accurate to best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name