



Town of Moultonborough

Elderly Exemption Application Worksheet – Tax Year 2026

To be completed by owner seeking Tax Exemption, Per RSA 72:39-a

Filing Deadline: April 15th

Owner's Name: _____ Owner's Date of Birth: _____

Co-Owner/Spouse Name: _____ Co-Owner's Date of Birth: _____

Property Address: _____ Map/Lot _____

Mailing Address: _____

Single _____ Widowed _____ Married _____ If married, how many years? _____

Is this your primary residence? Yes _____ No _____ If yes, how many years? _____

Life Estate/Trust Name (if applicable): _____

(If property is owned by a Trust, a **PA-33 must be completed with a full copy of Trust**)

Is property owned: Solely _____ Jointly _____ Is the property a multi-family home? Yes _____ No _____

Do you have a mortgage? Yes _____ No _____ If yes, balance \$ _____

Are you receiving a deduction or exemption from any other City or Town? Yes _____ No _____

INCOME INFORMATION for the period of January 1 to December 31, 2025

Please answer all questions; if any of the following categories do not apply, please write N/A.

Supporting documents must be submitted with this application; items in bold are examples of supporting documents and are not limited to the ones listed.

	Owner	Co-Owner (Spouse)
1. Social Security (gross, annual) (1099-SSA)	\$ _____	\$ _____
2. Social Security Disability Income	\$ _____	\$ _____
3. VA Benefits (Pension/Disability Income)	\$ _____	\$ _____
4. Wages/Salaries (gross) (W-2's) or Tips (gross)	\$ _____	\$ _____
Business Profit (Schedule C of 1040)	\$ _____	\$ _____
5. Pensions (1099-r's)	\$ _____	\$ _____
Annuities (1099-r's)	\$ _____	\$ _____
401k, IRA's (1099-r's)	\$ _____	\$ _____
6. All Interest Income (total of all accounts) (1099-INT's)	\$ _____	\$ _____
7. All Dividend Income (total of all accounts) (1099-DIV's)	\$ _____	\$ _____
8. Other Income (Fuel, Electric Assistance, SSI, gambling, lottery)	\$ _____	
9. Real Estate <u>Rental</u> Income (Annual Amount)	\$ _____	
10. Is anyone other than a spouse or co-owner living with you?	Yes _____ No _____	
If Yes, please list amount of assistance received	\$ _____	
If Yes, please list amount of bills, or rent paid annually	\$ _____	

TOTAL 2025 INCOME \$ _____

OTHER 2025 RECEIVABLES (These are NOT counted towards income)

1. Proceeds from sale of assets (home, stock, bonds, etc.) \$ _____
2. Business enterprise expenses & costs \$ _____
3. Life Insurance payments received \$ _____

CURRENT ASSET INFORMATION as of **December 31, 2025**. All items must be answered, therefore, **if any of the following categories do not apply, please write N/A.**

11. Do you own (individually, jointly, in common, fractional, etc.) any other real estate in the United States or anywhere else, including homes, land, manufactured homes, or time shares? Yes _____ No _____

If Yes, other Real Estate: _____
(Street Address, City/Town/State) Market Value

Other Personal Property (a) _____
Description Value

(b) _____
Description Value

12. Vehicle 1 Year: _____ Make: _____ Model: _____ Value: _____

Vehicle 2 Year: _____ Make: _____ Model: _____ Value: _____

Boat/RV Year: _____ Make: _____ Model: _____ Value: _____

Other/Description: _____ Value: _____

Please provide **full copies of your October, November, & December 2025 Statements** of all Assets:

Checking Acct # (last 4 digits)	Bank/Institution Name	Balance

Savings Acct # (last 4 digits)	Bank/Institution Name	Balance

CD Acct # (last 4 digits)	Bank/Institution Name	Balance

Money Market Acct #	Bank/Institution Name	Balance

IRA Acct # (last 4 digits)	Bank/Institution Name	Balance

