



**Town of Moultonborough**  
**Disabled Exemption Application Worksheet – Tax Year 2026**  
To be completed by owner seeking Tax Exemption, Per RSA 72:37-b

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

**TOTAL 2025 INCOME**

\$ \_\_\_\_\_

**OTHER 2024 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.**

12. 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

13. Vehicle 1 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Value: \_\_\_\_\_

Vehicle 2 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Value: \_\_\_\_\_

Boat/RV Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Value: \_\_\_\_\_

Other/Description: \_\_\_\_\_ Value: \_\_\_\_\_

**Please provide all pages of your October, November, & December 2025 statements from all accounts.**

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

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

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

Stocks/Bonds Acct # last 4 Digits)	Bank/Institution Name	Cash Out Value

Life Insurance Policy #	Insurance Co/Institution Name	Cash Out Value

14. Other Assets (Explain): \_\_\_\_\_ Value \_\_\_\_\_

Assets disclosed by the applicant on this application will be verified through all resources available to the Town of Moultonborough Assessing Department.

**TOTAL CURRENT ASSETS**      \$ \_\_\_\_\_

15. Did you file an income tax return for 2025? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, a full copy needs to be submitted with your application.**

16. Have you filed a 2025 State of NH Interest and Dividend tax form? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*

**I/We swear, under penalty of perjury, and certify that the information provided in the application, including income and asset statements, is true to the best of my/our knowledge.**

I/We understand that any misrepresentation or omission of information may result in denial of this exemption and/or repayment of any funds received by this exemption. Failure to file this periodic statement may result in a loss of this exemption.

My/Our signature(s) below constitute(s) the granting of my/our authority for the Town of Moultonborough, NH, to obtain verification and/or proof from all sources concerning my/our household's circumstances.

\_\_\_\_\_  
Owner's Signature                      Date                      Co-Owner's Signature                      Date

\_\_\_\_\_  
Printed Name                                      Printed Name

Telephone Number: \_\_\_\_\_

**RETURN FINANCIALS AFTER REVIEW**    ☐      **SHRED FINANCIALS**    ☐

**Date Reviewed:** \_\_\_\_\_ **Initials:** \_\_\_\_\_