



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) (1099-SSA)	\$ _____	\$ _____
2. Social Security Disability Income	\$ _____	\$ _____
3. VA Benefits (Pension/Disability Income)	\$ _____	\$ _____
4. Wages/Salaries (gross) (W-2's)	\$ _____	\$ _____
Tips (gross)	\$ _____	\$ _____
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. 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 <input type="checkbox"/> No <input type="checkbox"/>	
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
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(b) _____

Description	Value
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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:** _____