



# TOWN OF WARNER

P.O. Box 265

Warner, New Hampshire 03278-0265

Telephone: (603) 456-2298

Fax: (603) 456-2297

## ***Application for Tax Abatement (Hardship)***

Date: \_\_\_\_\_ Tax Year Abatement is requested for: \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Address: \_\_\_\_\_ Tax Map \_\_\_\_\_ Lot \_\_\_\_\_

Amount of taxes owed: \_\_\_\_\_ Amount of requested Abatement: \_\_\_\_\_

Amount of Interest owed: \_\_\_\_\_ Amount of requested Interest Abatement: \_\_\_\_\_

Years of Residency: \_\_\_\_\_ Original Assessment: \_\_\_\_\_

If residency has been less than three years, please state previous address: Town, State, and Zip Code.

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

\_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Reason for requesting Abatement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you applied for assistance from other sources (i.e.: Fuel assistance, W.I.C etc.), if so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your plan for paying future tax bills?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Items that must be included with this application:**

- **Application to be filled out in its entirety.**
- **Two most recent tax returns**
- **One month of bank account statements (checking and savings)**
- **Four most recent pay stubs – If unemployed (Letter from unemployment and state pay-stubs)**
- **If married both individuals must submit information**
- **State interest and dividends tax form**

**Please fill out the following information as accurately as possible:**

- **Monthly Gross Household income:** \$ \_\_\_\_\_  
**(All contributions within the household)**
- **Alimony, Child support:** \$ \_\_\_\_\_
- **State or Local Aide:** \$ \_\_\_\_\_
- **Additional Sources of Income:** \$ \_\_\_\_\_  
**(Explain below)**

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**Total: \$** \_\_\_\_\_

**List of assets and the value of each asset:**

- \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- Total: \$** \_\_\_\_\_

**Expenses:**

- Mortgage payment: (taxes included yes \_\_\_\_\_ no \_\_\_\_\_)** \$ \_\_\_\_\_
- Monthly Electric:** \$ \_\_\_\_\_
- Gas:** \$ \_\_\_\_\_
- Oil:** \$ \_\_\_\_\_
- Phone:** \$ \_\_\_\_\_
- Food:** \$ \_\_\_\_\_
- Insurance payment:** \$ \_\_\_\_\_
- Child support:** \$ \_\_\_\_\_
- Car Payment:** \$ \_\_\_\_\_
- Clothes:** \$ \_\_\_\_\_
- Misc.: (Explain)** \$ \_\_\_\_\_

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**Total: \$** \_\_\_\_\_

**Certification by Person (s) Applying**

By signing below, the person (s) applying certifies and swears under the penalties of RSA 641:3 the application has a good-faith basis, and the facts stated are true to the best of my/our knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

**Certification and Appearance by Representative (If Other Than Person (s) Applying)**

By signing below, the representative of the person (s) applying certifies and swears under penalties of RSA 641:3

1. All (certifications) in the above section are true;
2. The person(s) applying has authorized this representation and has signed this application; and
3. A copy of this form was sent to the person(s) applying.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

**Disposition of Application\* (For Selectmen's/Assessor's Use)**

**\*RSA 76:16 II states: The Municipality "shall review the application and grant or deny the application in writing by July 1<sup>st</sup> following the tax notice."**

**Abatement Request:**

**GRANTED \_\_\_\_\_ Revised Assessment: \$ \_\_\_\_\_ Denied \_\_\_\_\_**

**Interest Abatement Request: GRANTED \_\_\_\_\_ Denied \_\_\_\_\_**

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
***Selectman Signature***

**Date:** \_\_\_\_\_

\_\_\_\_\_  
***Selectman Signature***

**Date:** \_\_\_\_\_

\_\_\_\_\_  
***Selectman Signature***