



City of Laconia, NH
Hardship Worksheet
Application for Tax Year(s) _____

OFFICIAL USE ONLY

Parcel ID _____
Granted Denied
BOA Date _____
Terms of Agreement _____

Applicant Name _____ Telephone # _____ Photo ID _____

Applicant Date of Birth _____ Email Address _____

Spouse Name _____ Telephone # _____ Photo ID _____

Spouse Date of Birth _____ Email Address _____

Mailing Address _____

Winter or Alternate Address _____

Marital Status (circle one) Married _____ # of years Single Divorced Widow(er)

Property Type (circle one) Single Family Single Family w/apt Multi-Family (_____ # of units)

I own my property (circle one) Jointly In common Solely Revocable Trust Irrev. Trust Life Estate

Do you have a reverse mortgage or have you refinanced your home in the past year? YES NO
If YES, amount received this year \$ _____ Date Received _____

MONTHLY LIVING EXPENSES:

	Amount		Amount
Mortgage	_____	Car Payment	_____
House Insurance	_____	Car Maintenance	_____
Home Repairs	_____	Car Insurance	_____
Heat/Fuel	_____	Gasoline	_____
Water Sewer	_____	Health Insurance	_____
Electricity	_____	Medication	_____
Telephone	_____	Doctor/dentist	_____
Cell phone	_____	Barber/hairdresser	_____
Cable TV	_____	Charitable contributions	_____
Internet	_____	Newspaper/periodicals	_____
Groceries	_____	Gifts	_____
Clothing	_____	Daycare	_____
Credit Cards	_____		

INCOME INFORMATION

I Receive:



	<u>Applicant</u> Total Annual	<u>Spouse</u> Total Annual	<u>Documentation Needed</u>
Social Security	_____	_____	SSA-1099
SSI (Supplement Security income)	_____	_____	Benefit Statement
Pension/Retirement	_____	_____	1099-R
Pension/Retirement	_____	_____	1099-R
Veteran Benefits	_____	_____	VA Benefit Statement
Employment/wages	_____	_____	W2 or 1099
Employment/wages	_____	_____	W2 or 1099
Rental Income	_____	_____	Lease & Tax Return
Room & Board/Stipend	_____	_____	Statement from area agency
Dividends	_____	_____	1099-DIV
Interest	_____	_____	1099-INT
Alimony/child support	_____	_____	Court order or statement
Business/Self Employ Income	_____	_____	Complete Tax Return
Disability Insurance	_____	_____	Benefit Statement
Workers Compensation	_____	_____	Benefit Statement
Unemployment benefits	_____	_____	1099
Food Stamps	_____	_____	Benefit Statement DHHS
Fuel Assistance	_____	_____	Community Action Statement
Other Gov't Assistance	_____	_____	Benefit Statement DHHS
Housing Authority Payments	_____	_____	1099
Trust Income	_____	_____	1099 or Statement
Royalties	_____	_____	1099
Other income	as applicable		
TOTALS	_____	+	_____

ASSET INFORMATION

I Have:



	<u>Bank/Company</u> <u>Acct #</u>	<u>Applicant</u>	<u>Spouse</u>	<u>Documentation Needed</u>
Checking Acct	_____	_____	_____	
Checking Acct	_____	_____	_____	
Savings Acct	_____	_____	_____	
Savings Acct	_____	_____	_____	
Money Market Acct	_____	_____	_____	3 MOST RECENT COMPLETE BANK STATEMENTS
IRA	_____	_____	_____	
IRA	_____	_____	_____	
Certificate of Dep	_____	_____	_____	
Certificate of Dep	_____	_____	_____	
Stocks	_____	_____	_____	
Savings Bonds	_____	_____	_____	
Annuity	_____	_____	_____	
Mutual Funds	_____	_____	_____	COMPLETE STATEMENT FROM INVESTMENT COMPANY
Shares	_____	_____	_____	
Whole Life Ins.	_____	_____	_____	STATEMENT OF CASH VALUE
Other	_____	_____	_____	
Other	_____	_____	_____	AS APPLICABLE

Estimated value of household goods-appliances, furniture, yard equipment, etc. _____

Estimated value of personal items - jewelry, furs, coins, art, antiques, collectibles, etc. _____

Estimated value of business equipment: \$ _____ Description of equipment: _____

VEHICLES (Includes Cars, Trucks, Motorcycles, Boats, Camper, RV's, Recreational

Mileage YR/Make/Model

_____	_____
_____	_____
_____	_____

REGISTRATION
LOAN STATEMENT
IF LOAN EXISTS

REAL ESTATE (In the applicant or spouse's name(s) EXCLUDE PRIMARY RESIDENCE (Up to 2 acres)

Includes other homes, excess land, add'l living units, timeshares, camp sites etc...

TYPE ADDRESS OWNED BY:

_____	_____	_____	TAX BILL & LOAN STATEMENT SHOWING BALANCE
_____	_____	_____	

TOTALS

_____	+	_____
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**All applications for Hardship must be accompanied by a letter addressed to the Board of Assessors stating what kind of assistance you are looking for and the reason you are requesting hardship.

AFFIDAVIT

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

Applicant Spouse

I hereby certify that the hardship worksheet with financial documentation submitted to the Laconia Assessing Department is complete, true and correct.

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 h/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

After my personal documents are reviewed by the Assessing Department for purposes of verifying my eligibility to receive hardship assistance, I would like said documents:

Shredded

Be emailed to pick up

Be called to pick up

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 the best of my knowledge.

Signature of Applicant

Date

Signature of Spouse

Date