



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

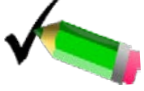
Do you have a reverse mortgage or have you refinanced your home in the past year? YES NO
 If YES, amount received this year \$ _____ Date Received _____

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

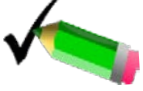
I Receive:



	<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	_____	_____	_____	3 MOST RECENT COMPLETE BANK STATEMENTS
_____ Checking Acct	_____	_____	_____	
_____ Savings Acct	_____	_____	_____	
_____ Savings Acct	_____	_____	_____	
_____ Money Market Acct	_____	_____	_____	
_____ IRA	_____	_____	_____	
_____ IRA	_____	_____	_____	
_____ Certificate of Dep	_____	_____	_____	
_____ Certificate of Dep	_____	_____	_____	
_____ Stocks	_____	_____	_____	
_____ Savings Bonds	_____	_____	_____	
_____ Annuity	_____	_____	_____	
_____ Mutual Funds	_____	_____	_____	
_____ Shares	_____	_____	_____	
_____ Whole Life Ins.	_____	_____	_____	STATEMENT OF CASH VALUE
_____ Other	_____	_____	_____	AS APPLICABLE
_____ Other	_____	_____	_____	

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

<u>Mileage</u>	<u>YR/Make/Model</u>	
_____	_____	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...

<u>TYPE</u>	<u>ADDRESS</u>	<u>OWNED BY:</u>				
_____	_____	_____	TAX BILL & LOAN STATEMENT SHOWING BALANCE			
_____	_____	_____				
_____	_____	_____				
TOTALS		<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 20px; text-align: center;">+</td> <td style="width: 50px; height: 20px;"></td> </tr> </table>		+		
	+					

****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