



CITY OF CONCORD, NEW HAMPSHIRE

ASSESSING DEPARTMENT
CITY HALL, 41 GREEN STREET, 03301
(603) 225-8550; Fax (603) 225-8534

FINANCIAL ASSISTANCE GUIDELINES

FILING PERIOD:

- The application can be filed at any time.

TO QUALIFY YOU MUST:

- Be an applicant who owns and resides at the property for which financial assistance is being applied for.
- Be in arrears on your property taxes.
- Include a letter explaining the circumstances surrounding the need to file the application and what degree of assistance are you requesting.

ASSETS:

Assets include the following:

- All personal property such as cars, trucks, RV's, trailers, antiques;
- Checking and savings account last three-months' statements (all pages);
- CD's, IRA's, mutual funds, stocks, bonds, annuities, money markets, etc., life insurance policies;
- Any other real estate owned in Concord or anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares, etc. (Supporting documents must be supplied)

DOCUMENTS THAT MUST BE PROVIDED:

- Most recent Federal Income Tax return, including all W2's, 1099's, etc.;
- Most recent Social Security Benefit Statement;
- Most recent VA Benefits Statements;
- Most recent Interest and Dividends Tax Forms;
- Bank Statements – Full copy (all pages) of last three month's statement for all checking and savings accounts;
- Current statements for CD's, IRA's, 401K's, stocks and/or bonds, surrender value of life insurance policies money market, etc., (full copies);
- Documentation of any fuel, electric, rental, or any assistance from others;
- Last/most recent Tax Bills, Property Tax Inventory Forms filed, or any other supporting documentation associated with any other real estate located in Concord, or any other city/town in New Hampshire or in any other state, which is owned by the applicant;
- All other supporting documents needed to verify eligibility for assistance.



CITY OF CONCORD
Financial Hardship Application Tax Year _____

Property Address: _____

Owners Name: _____ Owner's Date of Birth: _____

Co-Owner/Spouse Name: _____ Co-Owner's Date of Birth: _____

Married _____ Single _____ Widowed _____ Divorced _____

Contact Telephone Number: _____

Is this your primary place of abode? If not, please indicate where _____

Is this property a multi-family home? Yes _____ No _____

Are you receiving a deduction or exemption from any other City or Town? Yes _____ No _____

Please supply the following information in order that the City of Concord Assessing Department may review your request for financial hardship assistance. This information will be kept confidential.

INCOME INFORMATION:

Please answer all questions; if any of the following categories do not apply, please write N/A. All supporting documents must be submitted with this application.

Table with 3 columns: Question, Owner, Co-Owner (Spouse). Rows include Social Security, VA Benefits, Wages/Salaries, Pensions, Interest Income, etc.

TOTAL INCOME \$ _____

CURRENT ASSET INFORMATION: All items must be answered, therefore, if any of the following categories do not apply, please write N/A.

11. Do you own (individually, jointly, in common, fractional, etc.) any other real estate in Concord or anywhere else, including homes, land, mobile homes, or time shares Yes _____ No _____
 If Yes, other Real Estate: _____
 (Street Address, City/Town/State) Market Value

(If applicable, please attach a copy of property tax bill)

12. Other Personal Property (a) _____
 Description Value

(b) _____
 Description Value

13. Vehicle 1 Make/Year: _____ Model: _____ Value: _____

Vehicle 2 Make/Year: _____ Model: _____ Value: _____

Boat Make/Year: _____ Value: _____

RV Make/Year _____ Value: _____

14. Please attach a full copy of the last three-months' statements of checking and savings account(s) and the most recent detailed statement for all other accounts below:

Checking Account Number	Bank/Institution Name	Balance

Savings Account Number	Bank/Institution Name	Balance

CD Account Number	Bank/Institution Name	Balance

Money Market Account Number	Bank/Institution Name	Balance

IRA Account Number	Bank/Institution Name	Balance

Mutual Fund Account Number	Bank/Institution Name	Cash Out Value

Annuity Account Number	Bank/Institution Name	Cash Out Value

Stocks/Bonds Account Number	Bank/Institution Name	Cash Out Value

Life Insurance Policy Number	Bank/Institution Name	Cash Out Value

15. Other Assets (Explain): _____ Value _____

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

TOTAL CURRENT ASSETS \$ _____

17 Did you file an income tax return for 2021? Yes _____ No _____

If Yes, a copy needs to be submitted with your application.

If No, when was the last year you filed? _____

I/We, the undersigned, agree to repay the City of Concord, NH, for any hardship procured through willful misrepresentation. Misrepresentation or omission of information may result in denial of hardship from the City of Concord, NH.

Any Change in household circumstances (income or assets) must be reported to the Assessor's Office within 30 days. Failure to do so may result in suspension of assistance. 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.

My/Our signature(s) below constitute(s) the granting of my/our authority for the City of Concord, 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