



Town of Epsom  
P.O. Box 10  
Epsom, NH 03234

Selectmen's Office  
Phone: 603-736-9002  
FAX: 603-736-8539

### EPSOM VERIFICATION DOCUMENT – ELDERLY EXEMPTION

- DATE (from application): \_\_\_\_\_
- Map / Lot / SubLot: \_\_\_\_\_
- Owner(s) Name(s): \_\_\_\_\_
- Date of Birth # 1: \_\_\_\_\_  
     Owner Name: \_\_\_\_\_
- Marital Status                      Single \_\_\_\_\_    Married \_\_\_\_\_    Widow(er) \_\_\_\_\_
- Date of Birth # 2: \_\_\_\_\_  
     Owner Name: \_\_\_\_\_
- Application on File:    Yes \_\_\_\_\_    No \_\_\_\_\_
- Total Income:            \$ \_\_\_\_\_
- Total Assets:            \$ \_\_\_\_\_
- 3-Year NH Residency: Yes \_\_\_\_\_
- Has Applicant provided a Birth Certificate? Yes \_\_\_\_\_
- Has Applicant confirmed that their residence is their principal place of abode?    Yes \_\_\_\_\_
- Ownership, fractional interest:            Yes \_\_\_\_\_    No \_\_\_\_\_  
      If so, what percentage? \_\_\_\_\_
- Is the property in a trust?                      Yes \_\_\_\_\_    No \_\_\_\_\_  
      If so, attach a reviewed copy of the trust: Yes \_\_\_\_\_
- Other property owned:                      Yes \_\_\_\_\_    No \_\_\_\_\_  
     If yes: \$ \_\_\_\_\_                      State \_\_\_\_\_
- Approved By (Initials): \_\_\_\_\_ Date: \_\_\_\_\_
- Denied By (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_