

**THE STATE OF NEW HAMPSHIRE
BOARD OF TAX AND LAND APPEALS**

APPLICATION TO WAIVE FILING FEE

Name(s) of Taxpayer(s): _____

I/We, _____ hereby request the Board waive the filing fee in this appeal.
I/We do not have the financial ability to pay for this fee. I/We understand all information may be subject to further verification.

I/We respectfully request the Board waive the filing fee in connection with my/our appeal.

Date

Applicant (PLEASE PRINT)

Date

Co-Applicant (PLEASE PRINT)

General Information

Employment Information (Name, Address and Phone Number)

Address _____

Applicant: _____

Mailing Address (if different) _____

Phone Number _____

No. of Dependents _____

(including yourself)

Co-Applicant: _____

Address _____

Mailing Address (if different) _____

Phone Number _____

No. of Dependents _____

(including yourself)

**I/We am/are providing the following asset and expense information on a monthly basis.
(and will use additional sheets if necessary):**

<u>Financial Assets</u>	Applicant	Co-Applicant	Gross Income	Applicant	Co-Applicant
Cash on hand	\$ _____	_____	Salary/Wages	\$ _____	_____
Checking Account	_____	_____	Pension/Retirement	_____	_____
Savings Account	_____	_____	Social Security	_____	_____
Stocks/Bonds/Etc.	_____	_____	Investment Income	_____	_____
Other Assets:	_____	_____	Other Assets:	_____	_____
Total Assets:	_____	_____	Total Gross Income:	_____	_____

Expenses (Please itemize)

Housing (mortgage, rent, taxes, insurance, maintenance, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Transportation (car payment, maintenance, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Utilities (heat, electricity, cable, phone, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

General and Personal (groceries, charities, child support, alimony, student loans, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Insurance (health, dental, life, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

All Other Expenses and/or Debts

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

I/We swear/affirm under the penalties prescribed by law that: a) to the best of my/our knowledge and belief, I/We have fully disclosed all financial assets and income having any substantial value; and b) I/We have reasonably estimated all expenses.

Date

Applicant Signature

Date

Co-Applicant Signature

NOTE: The information provided herein will remain confidential.