

The filing period for the 2026 Solar Exemption Application is January 1, 2026 thru April 15, 2026.

Please note:

Page 2 of the PA-29 is to be complete by municipality only.
(back side)

FORM PA-29 NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:29 (Standard \$50, Optional \$11 up to \$750)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:29a (Standard \$50, Optional \$11 up to \$750)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700, Optional \$751 up to \$4,000)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700, Optional \$751 up to \$4,000)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Combat Service personnel to RSA 72:29a (Standard \$50 up to \$750)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Reviewed documents submitted by applicant (all documents reviewed)						
<input type="checkbox"/> Other Information: _____						

VETERANS' EXEMPTION

☐ Certain Disabled Veterans' Exemption GRANTED ☐ DENIED ☐ DATE _____

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single				65-74 years of age
Married				75-79 years of age
Asset Limits				80+ years of age
Single				
Married				

STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind/Hybrid Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems		<input type="checkbox"/>	<input type="checkbox"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-25 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:24, 4:

☐ List of assets, value of each asset, net encumbrance and net value of each asset. ☐ State Interest and Dividends Tax Form.

☐ Statement of applicant and spouse's income. ☐ Property Tax Inventory Form filed in any other town.

☐ Federal Income Tax Form.

* Documents are considered confidential and must be returned to the applicant once a decision is made on the application.

Municipal Notes: _____

PRINT TYPE NAME OF SELECTED MUNICIPAL ASSESSING OFFICIAL: _____ SIGNATURE IN INK OF SELECTED MUNICIPAL ASSESSING OFFICIAL: _____ DATE: _____

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PRINT TYPE NAME OF SELECTED MUNICIPAL ASSESSING OFFICIAL: _____ SIGNATURE IN INK OF SELECTED MUNICIPAL ASSESSING OFFICIAL: _____ DATE: _____

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PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION			
	OWNER			If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO
	<input style="width: 100%;" type="text"/>			
	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	MAILING ADDRESS <input style="width: 100%;" type="text"/>			
	CITY/TOWN		STATE	ZIPCODE
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
PROPERTY ADDRESS		TAX MAP	BLOCK	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
IS THIS YOUR PRIMARY RESIDENCE?		<input type="radio"/> YES <input type="radio"/> NO		
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION			
	1. APPLICANT IS THE:		2. APPLYING FOR:	
	<input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse		<input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000) <input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") <input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500) <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)	
	3. Veteran's Name <input style="width: 100%;" type="text"/>		Dates of Military Service Enter (MMDDYYYY)	4. Date of Entry <input style="width: 100%;" type="text"/>
	5. Date of Discharge/Release <input style="width: 100%;" type="text"/>			
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)			
	6. Name of Allied Country Served in <input style="width: 100%;" type="text"/>		7. Branch of Service <input style="width: 100%;" type="text"/>	
	9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name <input type="radio"/> <input type="radio"/> <input style="width: 100%;" type="text"/>		8. Please Check One. <input type="radio"/> US Citizen at time of entry into Service <input type="radio"/> Alien but resident of NH at time of entry into Service	
	STANDARD EXEMPTIONS			
	10. <input type="checkbox"/> Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a) (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth <input style="width: 100%;" type="text"/> 10b. Spouse's Date of Birth <input style="width: 100%;" type="text"/> 11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a) 12. <input type="checkbox"/> Blind Exemption (RSA 72:37)			
LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)				
13. <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85) <input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66) <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70) <input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)				
STEP 4 RESIDENCY	14. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)			
	<input type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed <input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)			
STEP 5 OWNERSHIP	15. Do you own 100% interest in this residence? <input type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <input style="width: 100%;" type="text"/>			
STEP 6 SIGNATURES	Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.			
	SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	
	SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - **TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS**

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s)						
<input type="checkbox"/> Other Information						

VETERANS' EXEMPTION

☐ Certain Disabled Veterans' Exemption ☐ Veteran ☐ Surviving Spouse GRANTED ☐ DENIED ☐

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single				65-74 years of age
Married				75-79 years of age
Asset Limits				80+ years of age
Single				
Married				

STANDARD and LOCAL OPTIONAL EXEMPTIONS (If adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Blind Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Deaf Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Disabled Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems		<input type="radio"/>	<input type="radio"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

<input type="checkbox"/> * List of assets, value of each asset, net encumbrance and net value of each asset.	<input type="checkbox"/> * State Interest and Dividends Tax Form.
<input type="checkbox"/> * Statement of applicant and spouse's income.	<input type="checkbox"/> * Property Tax Inventory Form filed in any other town.
<input type="checkbox"/> * Federal Income Tax Form.	

*** Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.**

Municipal Notes

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

DATE

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

DATE

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DATE

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

DATE

STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V

(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

TYPE OR PRINT

OWNER				
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI
MAILING ADDRESS				
CITY/TOWN		STATE		ZIPCODE
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed				

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: **(check one)**

- ☐ **Grantor/Revocable Trust**
- ☐ **Equitable Title holder or**
- ☐ **Beneficial interest for life (Life estate owner)**

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
- (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
- (c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above):

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

X

SIGNATURE (IN INK)

PRINT NAME

DATE

X

SIGNATURE (IN INK)

PRINT NAME

DATE

TELEPHONE NUMBER

WHO MUST FILE	To be completed by property owners to establish their status as grantor of the property to a revocable trust, or holding equitable title or the beneficial interest for life in the property. RSA 72:29, VI. For purposes of RSA 72:28, 28-b, 28-c, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
WHEN TO FILE	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered.