

**TOWN OF HOLDERNESS  
ELDERLY EXEMPTION APPLICATION**

**In order to process your elderly Exemption, the first two pages of the application must be fully completed and signed. We will need copies of the following:**

**\*\*\*Social Security Statements**

**\*\*\*IRS 1040 completed forms**

**\*\*\*1099 Forms (interest from the banks)**

**\*\*\*Pension Statements**

**\*\*\*List of Assets and value of each Asset**

**STATEMENT OF FINANCIAL STATUS**

The Board of Selectmen of the Town of Holderness agrees that the information given in this statement shall be held in the strictest and most private confidence, and further agrees that it will be used solely for the purpose of determining hardship on the part of the taxpayer. The information contained herein shall not be privy to any other individual other than Board members, applicant, and authorized assessing officials. It shall remain solely with the assessment record file and will not be released to anyone except by official court order.

**NOTE: ANY INCREASE IN INCOME OR ASSETS MUST BE REPORTED TO THE OFFICE OF THE ASSESSOR.**

**Revised 3/2004**

**TOWN OF HOLDERNESS, NH**  
**APPLICANT STATEMENT OF FINANCIAL STATUS**  
**\*\*PLEASE ATTACH CURRENT IRS INCOME TAX AND STATE RETURNS\*\***

- L-1 Social Security Income / SSI Income .....\$ \_\_\_\_\_
- L-2 Pension Income: .....\$ \_\_\_\_\_
- L-3 Bank Interest:.....\$ \_\_\_\_\_
- L-4 Stock/Bond Dividend-Interest Income .....\$ \_\_\_\_\_
- L-5 All monies received from any source .....\$ \_\_\_\_\_
- L-6 **Total Annual Gross Income:**.....\$ \_\_\_\_\_  
 (Add L-1 through L-5 and place result in L-6)

*\* Please enter assets in Capital Reserves section.*

Less Total Yearly Exceptions (RSA-72 : 39a-1 "Conditions for Exemptions")

- L-7 Life Insurance paid on the death of an insured .....\$ \_\_\_\_\_
- L-8 Expense incurred in the course of conducting a  
 business enterprise: .....\$ \_\_\_\_\_
- L-9 Proceeds from sale of assets: .....\$ \_\_\_\_\_
- L-10 **(-) TOTAL EXEMPTIONS:** .....\$ \_\_\_\_\_
- L-11 **Net Income:** .....\$ \_\_\_\_\_  
 (Deduct L-10 from L-6 and place result in L-11)

Capital Reserves: Please list Total Assets:

- Cash on hand / bank / trusts:.....\$ \_\_\_\_\_
- Value of all stocks, bonds and certificates.....\$ \_\_\_\_\_
- Other.....\$ \_\_\_\_\_
- Total Reserves:**.....\$ \_\_\_\_\_

**LIST ANY AND ALL REAL ESTATE OWNED BY THE APPLICANT OTHER THAN WITHIN THE TOWN OF HOLDERNESS, WHEITHER TOTAL OR PARTIAL INTEREST THEREIN:**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**If partial interest, please explain.**

**TOWN OF HOLDERNESS  
OPTIONAL ADJUSTED ELEDERLY EXEMPTION  
INVESTIGATION OF APPLICATION  
RSA 72 : 39-B**

**ELIGIBILITY REQUIREMENTS:**

- 65 years of age on or before April 1<sup>st</sup>.
- Must have been a New Hampshire Resident for at least five years, preceding April 1<sup>st</sup> in the year exemption claimed.
- Must currently be a Resident of Holderness.
- Income limit of **\$20,000. if single, \$25,000. if married.**
- Assets not in excess of **\$50,000.** excluding the value of any residential real estate.

**PLEASE INDICATED BELOW AGE AND EXEMPTION ELIGIBILITY:**

- \_\_\_\_\_ 65 - 75 years of age                      \$10,000.
- \_\_\_\_\_ 75 - 79 years of age                      \$15,000.
- \_\_\_\_\_ 80 - or more years of age              \$20,000.
- \_\_\_\_\_ Please indicate number of years as a resident of New Hampshire
- \_\_\_\_\_ I/We are currently a Resident of the Town of Holderness
- \_\_\_\_\_ I/We are the owner of our residence in the Town of Holderness
- \_\_\_\_\_ My/Our residence is owned by a trust that I/We are the beneficiaries of.
- \_\_\_\_\_ I/We have a life estate in our residence in the Town of Holderness

I/We \_\_\_\_\_ under the penalties of perjury do solemnly declare that, to the best of my/our knowledge that the information is true and that I/We have not conveyed or disposed of any personal real property or estate, in any manner for the purpose of evading taxation, so help me/us God.

Signature	Date of Birth
Signature	Date of Birth

Applicant's Address: \_\_\_\_\_

Date of Statement: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

**I/WE DID NOT FILE A FEDERAL INCOME TAX FORM LAST YEAR**

Signature	Signature
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