Re: Elderly Exemption Application

Dear Property Owner:

Attached is an application for an Elderly Exemption, which is due on April 15th.

The current guidelines are as follows:

65-74 is 25,000 off the value of the property.

75-79 is 30,000 off the value of the property.

80-older is 50,000 off the value of the property.

Qualifications:

Income: Single not over $28,000

Married not over $53,000

Assets: Single not over $100,000

Married not over $100,000

\*(This does not include the home in which you live, and up to 2 acres of land that the home is located.)

Along with your application the following documents must be submitted for review. These items will be returned to you after the Town has completed reviewing your application.

1. Federal income tax return or IRS form 8821
2. State interest and dividends tax forms
3. W-2, 1099, pension statements and any other proof of income
4. Your social security statements
5. Bank Statements for the past 6 months on all accounts
6. List of Assets and values

If you have any questions please feel free to contact the Town Hall.

Sincerely,

Amy Sharpe

Assessing Coordinator/

Administrative Assistant

**OFFICIAL USE ONLY:**

Parcel ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EX Group**: D 65 75 80**

Income:\_\_\_\_\_\_\_\_\_\_ Assets:\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Town of Holderness, NH

EXEMPTION WORKSHEET

The Exemption Worksheet must be completed in order to Qualify under the

requirements of RSA 72:33,VI. This worksheet and Form PA-29, application

for tax exemption, must be completed and submitted with supporting

documentation by April 15.

*Please print all information clearly:*

Application’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Winter or Alternate Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status (*circle one*): **Married** (\_\_\_\_# years married) **Single Divorced Widow/er**

Property Address of Which Exemption is sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Acreage: \_\_\_\_\_\_\_\_\_\_\_\_

Property Type (*circle one*): **Single Family Single Fam. w/In-Law Apt Multi-Family** (\_\_\_# Units)

Residence Owned: **Jointly In-Common Solely Revocable Trust Irrevocable Trust Life Estate**

I have been a legal resident of NH since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Years Owned Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List primary residence/s for last five (5) years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Applicant or spouse a trustee or beneficiary of any trust? **YES NO**  If YES, please circl3e & specify below.

TRUSTEE BENEFICIARY Name of Trustee/Beneficiary & Trust: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a reverse mortgage or have you refinanced your home this past year? **YES NO**

If YES, amount received this year $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be filing a federal income tax return this year: **YES NO**  If NO, must submit verification (IRS 4506-T).

Will you be filing an interest and dividend tax return to the State of New Hampshire? **YES NO**

Estimated value of household goods-appliances, furniture, yard equipment, etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated value of personal items- jewelry, furs, coins, art, antiques, collectibles, etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated value of business equipment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated value of vehicles: Make/Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year:\_\_\_\_\_\_\_\_\_Mileage\_\_\_\_\_\_\_\_\_\_\_\_Value\_\_\_\_\_\_\_\_\_

Estimated value of vehicles: Make/Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year:\_\_\_\_\_\_\_\_\_Mileage\_\_\_\_\_\_\_\_\_\_\_\_Value\_\_\_\_\_\_\_\_\_

Boat/RV/Other: Make/Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year:\_\_\_\_\_\_\_\_\_ Value\_\_\_\_\_\_\_\_\_

Boat/RV/Other: Make/Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year:\_\_\_\_\_\_\_\_\_ Value\_\_\_\_\_\_\_\_\_

**AFFIDAVIT**

Please read, initial each line, and then sign below. If there is anything you do not understand, please ask assessing staff for clarification.

\_\_\_\_\_\_\_ I hereby certify that the exemption worksheet with financial documentation submitted to the Holderness Assessing Department is complete, true and correct.

\_\_\_\_\_\_\_ I Certify that I do not claim residency in any other city or town, in any other state.

\_\_\_\_\_\_\_ I certify that I have been a resident of New Hampshire for 3 consecutive years (Elderly Exemption) or 5 years (Disabled Exemption) as of April 1 in the year applying for tax exemption.

\_\_\_\_\_\_\_ I certify under penalty of perjury that I am not receiving any other residential tax exemption or tax credit in any other community within New Hampshire and I am not receiving a similar benefit, such as a homestead exemption, in any other state.

\_\_\_\_\_\_\_ I understand that if my income or assets change, there is a possibility I may no longer qualify for the tax exemption, and that I am under obligation by law to notify the Assessing Department.

\_\_\_\_\_\_\_ If my marital status changes, I must notify the Assessing Department.

\_\_\_\_\_\_\_ If I relocate within the Town of Holderness, I must file an amended application with the Assessing Department as soon as possible, on or before December 1, immediately following the change in residence.

\_\_\_\_\_\_\_ I understand that if I put my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit or exemption.

\_\_\_\_\_\_\_ A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he/she makes any written false statement which he/she does not believe to be true, or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he/she submits or invites reliance on any writing which he/she knows to be lacking in authenticity. RSA 641:3

I/We have read and understood the above statements. Any misrepresentation on my part may result in court action for recovery. I certify the information submitted is true and accurate to best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date Signature of Spouse Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name

**Elderly Exemption**

**Elderly Exemption (RSA 72:39-a)**

Any resident who may be eligible to receive the elderly exemption must file a [Permanent Application State form PA-29 (PDF)](https://www.revenue.nh.gov/forms/2017/documents/pa-29-2016-print.pdf) with the Select Board’s Department. Filing period is January - April 15th.

**Guidelines:**

The current guidelines are as follows:

65-74 is 25,000 off the value of the property.

75-79 is 30,000 off the value of the property.

80-older is 50,000 off the value of the property.

Qualifications:

Income: Single not over $28,000

Married not over $53,000

Assets: Single not over $100,000

Married not over $100,000

\*(This does not include the home in which you live, and up to 1 acres of land that the home is located.)

1. The applicant must be 65 years of age on or before April 1st in the year they are applying (If married, the eldest should apply).
2. The applicant must have been a New Hampshire resident for 3 consecutive years prior to April 1.
3. The applicant must have owned the residence by April 1 individually or jointly, or if the residence is owned by a spouse, they must have been married for at least five years.
4. If the applicant received a transfer of real estate from a person under the age of 65, related to him by blood or marriage, within the preceding 5 years, no exemption shall be allowed. RSA 72:40-a, Limitations.
5. Net income is to be determined by deducting from all monies received from any source whatsoever, the amount of any of the following, or the sum thereof:  
   a. Life insurance paid on the death of an insured.  
   b. Expenses and costs incurred with conducting a business enterprise.  
   c. Proceeds from the sale of assets.
6. If your property is held in a trust, you must supply a copy of the trust instrument and ["A Statement of Qualification" (PA-33) (PDF)](https://www.revenue.nh.gov/forms/2017/documents/pa-33-2016-print.pdf) must be completed and submitted with documents. (All documents submitted shall be handled to protect the privacy of the applicant).
7. Notify the Selectmen’s Office of any change of address

Along with your application the following documents must be submitted for review. These items will be returned to you after the Town has completed reviewing your application.

1. Previous years Federal income tax return or IRS form 8821
2. State interest and dividends tax forms
3. W-2, 1099, pension statements and any other proof of income
4. Your social security statements- SSA-1099
5. Bank Statements for the past 6 months on all accounts
6. List of Assets and values

**Applications must be received by April 15th.**

|  |  |
| --- | --- |
|  | **Required Documentation for Income Verification** |
|  | 1040 Complete Copy of Federal Income Tax Forms if filed including all schedules for past calendar year.  **If you do not file a tax return, proof must be provided by submitting the IRS response form 4506-T to the Town of Holderness Assessing Department.** |
|  | DP-10 Complete copy of State of NH Interest & Dividend Tax Form for past calendar year. |
|  | SSA-1099 Social Security Benefit Statement for prior year **AND AWARD LETTER FROM SOCIAL SECURITY IF YOU ARE APPLYING FOR THE FIRST TIME***. A COPY OF YOUR ssa-1099 FORM CAN BE OBTAINED FORM THE Social Security Administration by calling 1-800-772-1213.* |
|  | 1099-R Distributions form Pensions, Annuities, Retirement or Profit Sharing Plans, IRA's, Insurance Contracts, etc. for prior year. |
|  | W-2/1099- All Wage Statements for the prior year. |
|  | 1099-INT All interest statements for prior year. |
|  | 1099-DIV All Dividend Statements for prior year. |
|  | Tuts Income |
|  | VA Pension |
|  | Business of Self-Employment Income |
|  | Rental Income |
|  | Unemployment of Worker's Compensation |
|  | Alimony |
|  | Child/Dependent Support/Stipend |
|  | State of NH Health & Human Services Assistance letter documenting Food Stamps, APTD, or other assistance. |
|  | City Welfare |
|  | Fuel Assistance |
|  | ANY OTHER INCOME NOT LISTED ABOVE |
|  |  |
|  | **Required Documentation for Current Asset Verification** |
|  | Checking & Savings Monthly Stat3ements for ALL accounts showing a minimum of 90 days of activity. |
|  | Documentation of Cash Value of ALL investments: Annuities, Mutual Funds, Shares, Stocks, Bonds, IRA's, et al |
|  | **(All Statements must be provided in their entirety and provided regardless of the current balance. Do not omit any pages. If you have closed a previously reported account, please provide last statement received.)** |
|  | Documentation of Cash Value of Whole Life Insurance |
|  | Vehicle registrations |
|  | Documentation of any loans on vehicles or real estate you own (except your primary residence). |
|  | Most recent tax bill on any real estate you own (except your primary residence). |
|  | Trust document if you are a Trustee or the Beneficiary of a Trust |
|  | Evidence/documentation of any other assets not listed above. |