

Town of Nottingham
P.O. Box 114
Nottingham NH 03290



Office (603) 679-5022
Fax (603) 679-1013

ELDERLY EXEMPTION SUPPLEMENTAL WORKSHEET

(THIS WORKSHEET MUST BE RETURNED WITH **PA-29 APPLICATION!**)

Exemption for the Elderly RSA 72:39-a & RSA 72:39-b & Application for Exemption or Tax Credit, RSA 72:33

*** Applications accepted after January 1st

Filing deadline is April 15th ***

QUALIFICATIONS:

- At least 65 years of age or older on or before April 1st.
- A NH resident for 3 consecutive years on or before April 1st.
- Applicant must own the residential property on or before April 1st.
- Property must be the principal place of abode (ex: where registered to vote)

TOTAL INCOME CANNOT EXCEED (all sources including retirement and Social Security):

- Single Person – \$38,000 per year OR Married Couple – \$48,000 per year

TOTAL ASSETS CANNOT EXCEED (excluding the value of your principal place of abode):

- Single Person – \$180,000 OR Married Couple – \$180,000
- Checking and Savings account balances.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, life insurance policies, money market etc.
- Any other real estate owned anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares etc.
- All personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Other assets tangible or intangible, less any good faith encumbrance.

DOCUMENTS TO PROVIDE:

- Prior Year Federal income tax return including all W2's, 1099's, etc.
- Prior Year VA benefits statements
- Prior Year New Hampshire Interest and Dividends Tax Forms
- Bank Statements - current and 3 prior months (full copies) for all checking and savings accounts
- Current statements for CD, IRA, 401K, stocks and/or bonds, surrender value of life insurance policies, money market, etc. (full copies)
- Property Tax Inventory Forms filed in any *other* town
- Copy of your Trust and Trust Amendments. (Attorney's affidavit may be required annually)
- Driver's license or birth certificate
- Documentation of any Alimony, Child Support, Fuel, Electric, Rental, and Assistance from others.

EXEMPTION AMOUNT:

- The exemption amount, listed below, is deducted from your total assessed property value, or a percentage of that amount relating to the percent of ownership, per RSA 72:41 Proration.

65 to 74 years old \$101,000.00 / 75 to 79 years old \$142,000.00 / 80 years old & older \$184,000.00

**PLEASE CALL (603) 679-5022 TO SCHEDULE AN APPOINTMENT
TO REVIEW APPLICATIONS & DOCUMENTS**

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Elderly Exemption Application

To be completed by Owner seeking tax exemption, per RSA 72:33

*** Applications accepted after January 1st – Filing deadline is April 15th ***

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Owner Name: _____ Owner Date of Birth: _____

Co-Owner Name: _____ Co-Owner Date of Birth: _____

Any additional Owners on deed? _____

Relationship: _____

Life Estate/Trust Name (if any): _____

If the property is owned by a Trust, form PA-33 must be completed & submitted with a full copy of the Trust document.

NH Resident Since: _____ City/Town Registered to Vote: _____

Mailing Address: _____
City/State/Zip: _____

Check One & Attach Divorce decree (if applic.)

Single _____ Widow _____

Married _____ Divorced _____

If married, # of years: _____

Prior address if less than 5 years: _____

Phone: _____ Cell Phone: _____ Email: _____

REAL ESTATE INFORMATION

Primary Residence: _____
(Please attach copy of latest tax bill.) (Physical Street Address) (Map) (Lot) (Sub)

(If Multi-Family)

Primary Residence is a: Single Family _____ Multi-Family _____ # of Units _____

Other Owned Real Estate: _____
(Please attach copy of latest tax bill.) (Street Address, City, State & Zip Code) (Property Value)

Other Owned Real Estate: _____
(Please attach copy of latest tax bill.) (Street Address, City, State & Zip Code) (Property Value)

Do you own (individually, jointly, in common, fractional, etc) any other real estate anywhere,
including, homes, land, mobile homes or time shares? Yes _____ No _____

If Yes, please describe and list address(es): _____

Applicant Name _____

TOTAL INCOME INFORMATION: JANUARY 1ST TO DECEMBER 31ST

Please: Attach additional sheets if necessary / Attach a copy of all supporting income documentation.

If any of the following categories do not apply to you, please write N/A in that space.

INCOME TYPE

OWNER AMOUNT

CO-OWNER AMOUNT

Social Security Income : \$ _____

\$ _____

VA Benefits (Pension/Disability Income): \$ _____

\$ _____

Short Term/Long Term Disability: \$ _____

\$ _____

Wages/Salaries/Tips (Gross Amt & List Employer): \$ _____

\$ _____

\$ _____

\$ _____

Pensions/Annuities/401k/etc.: \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Real Estate Rental Income – ANNUAL AMOUNT: \$ _____

\$ _____

Other Income (Alimony, Child Support, Reverse Mortgage, etc.): \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

All Interest and/or Dividend Income

Acct. Name & #: _____ \$ _____

\$ _____

Acct. Name & #: _____ \$ _____

\$ _____

Acct. Name & #: _____ \$ _____

\$ _____

Do you file NH DP-10 Interest & Dividends Tax Return Yes _____ No _____

If YES, please submit a copy.

Do you file a Federal IRS Tax Return Yes _____ No _____

If YES, please submit a copy.

Is anyone (other than a spouse or co-owner) living with you? Yes _____ No _____

Yes _____ No _____

If YES, please list annual amount provided for household bills and maintenance. \$ _____

Additional Comments: _____

For Assessors Office Use Only

TOTAL INCOME: \$ _____

Notes:

VEHICLE INFORMATION

	Make	Model	Year	Miles	Est. Value
Vehicle #1:					
Vehicle #2:					
Vehicle #3:					

Applicant Name

TOTAL ASSET INFORMATION: JANUARY 1ST TO DECEMBER 31ST

Please attach additional sheets if necessary.

Please include the most current full copies of monthly and/or quarterly statements for all accounts:

Checking and/or Savings Account #	Bank Name	Name(s) on Account	Balance
			\$
			\$
			\$
			\$

CD Account #	Bank/Institution Name	Name(s) on Account	Balance
			\$
			\$

Indiv. Retirement Account (IRA)#	Bank/Institution Name	Name(s) on Account	Balance
			\$
			\$

Money Market Account #	Bank/Institution Name	Name(s) on Account	Balance
			\$
			\$

Stocks/Bonds Account #	Bank/Institution Name	Name(s) on Account	Balance
			\$
			\$

Annuities Account #	Bank/Institution Name	Name(s) on Account	Balance
			\$
			\$

Mutual Funds Account #	Bank/Institution Name	Name(s) on Account	Balance
			\$
			\$

Life Insurance Policies #	Bank/Institution Name	Name(s) on Account	Balance
			\$
			\$

Other Assets:		
		\$
Please provide Description & Value		\$
		\$

Assets disclosed on this application will be verified through all resources available to the Town and the Assessing Department.

For Assessors Office Use Only

TOTAL ASSETS \$

Notes:

SIGNATURE PAGE

I/We, the undersigned, AGREE TO REPAY the Town of Nottingham, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information will result in denial of exemption from the Town of Nottingham, NH.

ANY CHANGE IN HOUSEHOLD CIRCUMSTANCES (INCOME OR ASSETS) MUST BE REPORTED TO THE ASSESSOR'S OFFICE WITHIN 30 DAYS. Failure to do so will result in suspension of exemption.

I/We swear, under penalty of perjury, and certify that the information provided in this application, including Income and Asset Statements, is true to the best of my/our knowledge.

My/Our signature(s) below constitute the granting of my/our authority for the Town of Nottingham, NH to obtain verification and/or proof from all sources concerning my/our household's circumstances.

_____ Owner Signature	_____ Co-Owner Signature
Date	Date

The Town will not release or discuss your information with any party without your express written permission.

☐ **Check here if you would like us to discuss your application with a friend, family member or caregiver.**

Name/Relationship: _____	Phone: _____
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Name/Relationship: _____	Phone: _____
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Owner Signature: _____	Date: _____
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FOR ASSESSORS OFFICE USE ONLY

Applicant Name(s): _____

Address: _____

Map: _____

Lot: _____

Sub: _____

Annual Income Amount		N/A
Social Security Income	\$	
VA Benefits	\$	
Short/Long Term Disability	\$	
Wages/Salary/Tips	\$	
Pensions	\$	
Annuities	\$	
401K's	\$	
Rental Income	\$	
Interest/Dividends	\$	
Adj. Gross Income (IRS)	\$	
Other Income	\$	
Other Income	\$	
GRAND TOTAL	\$	
Total Asset Amounts		
Checking/Savings	\$	
C/D's	\$	
IRA's	\$	
Stocks/Bonds/Mutual Funds	\$	
Annuities	\$	
Life Insurance	\$	
Other	\$	
Other	\$	
GRAND TOTAL	\$	

Received Documents	
Document Type	Date Rcvd.
Owner Birth Certificate	
Co-Owner Birth Certificate	
Property Record Card	
Current Deed	
Trust Form/PA-33	
Other Property Deed	
Federal Tax Return	
NH Int & Div Tax Return	
Other Tax Return (MA, ME, VT)	
Vehicle Registration	
Vehicle Registration	