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

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

DISABLED EXEMPTION APPLICATION

Exemption for the Disabled, RSA 72:37-b - Application for Exemption or Tax Credit, RSA 72:33

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

QUALIFICATIONS:

- Applicant is under the age of 65 years.
- A resident of NH for 5 consecutive years on or before April 1st.
- Applicant must own the residential property on or before April 1st. NOTE: If residential property is owned by the spouse, you must have been married for 5 consecutive years on or before April 1st.
- The property must be the principal place of abode (ex: where registered to vote)
- Must receive Title II or Title XVI Social Security Disability (Social Security Disability benefits automatically convert to retirement benefits at age 65.)

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

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

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

- **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.
- Includes 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:

- Yearly exemption of **$101,000.00** deducted from your total assessed property value, or a percentage of that amount relating to the percent of ownership. RSA 72:41 Proration

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

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Disabled 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: _____

Check One & Attach Divorce decree (if applic.)

Mailing Address: _____ Single ____ Widow ____

Married ____ Divorced ____

City/State/Zip: _____ 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)

Primary Residence is a: Single Family _____ Multi-Family _____ (If 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 Disability (Title II or Title XVI):	$	$
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 ____

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 _____ Date _____ Co-Owner Signature _____ 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: _____

Name/Relationship: _____ Phone: _____

Owner Signature: _____ Date: _____

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	