



Town of Allenstown

Assessing Office

16 School Street

Allenstown, NH 03275

603-485-4276 ext. 114

dseverance@allenstownnh.gov

ELDERLY EXEMPTION

Application Criteria

- I. Applicant must be 65 years old as of April 1st of the tax year applying. (Married couples, the eldest should apply).
- II. Applicant must have resided in the state of New Hampshire for at least three years prior to year of application.
- III. Applicant must own real estate individually, own jointly or in common with another or be married to an individual for at least five years who owns real estate within the community.
- IV. Property must meet the definition of a residential real estate, per RSA 79:39-a (c), which includes the housing unit, which is the person's principal home and related structure. It does not include attached dwelling units and unattached structures used or intended for commercial or other non-residential purposes.
- V. Property cannot have been transferred to the applicant, from a person under the age of 65, and related to the applicant by blood or marriage, within the past five years.

AGE GROUPS AND PROPERTY ASSESSMENT EXEMPTION AMOUNTS:

*AGE GROUPS EXEMPTION AMOUNTS (effective 2nd issue bill).

65 years up to 74 years	\$20,000
75 years up to 79 years	\$30,000
80+ years and older	\$50,000

ELDERLY TAX EXEMPTION QUALIFICATION WORKSHEET

(MAY BE USED FOR REQUALIFICATIONS. MAY ALSO BE USED FOR BLIND, DEAF OR DISABLED EXEMPTIONS WITH 3 YEAR NH RESIDENCY REQUIREMENT)

RSA 72:33, VI allows Selectmen and Assessing Officials to require those receiving tax exemptions or credits to re-file their qualifying information periodically but no more frequently than annually. Failure to file such periodic statements may, at the discretion of the Assessing Officials, result in a loss of the exemption or tax credit for that year. **TOWN OF ALLENSTOWN, NH, 16 SCHOOL STREET, ALLENSTOWN, NH 03275**

This worksheet is to be completed and submitted along with the completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be destroyed or returned upon approval or denial of the application. Please note the following INCOME and ASSET Limits when considering submission of your application.

FINANCIAL QUALIFICATIONS

INCOME LIMITS:

Includes income from any source including Social Security or pension but excludes a) life insurance paid on the death of an insured, b) expenses and costs incurred in the course of conducting a business enterprises, c) proceeds from the sale of assets. The income restrictions adopted by the community of Allenstown is as follows:

INCOME LIMITS: Single \$40,000 Married Limits \$52,000*

ASSET LIMITS:

If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA-33 (Statement of Qualification) **and** submit a copy of the deed showing the assigned ownership of the life estate **or** a copy of the Declaration of Trust, including a list of beneficiaries **or** a complete Certification of Trust per RSA 564-B: 10-1013.

To include all net assets excluding the value of the applicant's actual residence and the land upon which it is located up to 2 acres, or the minimum family lot size specified by local zoning. The asset restriction adopted by the community of Allenstown is:

ASSET LIMITS: Single \$85,000 Married Limits \$85,000*

Documents required for new applicants.

1. Proof of birth (birth certificate or driver's license acceptable)
2. SSA-1099 Statement (Social Security Benefit Statement)
3. Previous years income tax form, including all support documents – if not filing a federal income tax form, the following forms will be required if applicable: Form 1099R – distribution of pensions, annuities etc., all W2 wage statements and 1099 interest statements.
4. Bank statements (three consecutive months of checking and savings) and verification of assets listed.

Please print all information clearly.

Applicant's Name: _____ D.O.B. _____

Spouse's Name: _____ D.O.B. _____

Property Address: _____ Map _____ Lot _____

Mailing Address (if different from above): _____

TELEPHONE Number: _____

Date of NH Residency: _____

(Three-year NH residency for elderly exemption, Five-year NH residency for all other exemptions.)

*Income Limits revised per Town vote 3-11-2014

INCOME:

Please list the source and amount of all income for the year for both you and your spouse.

SOURCE: (Net Income)	Applicant:	Applicant's Spouse:	Supporting Documentation
Social Security:	\$ _____	\$ _____	_____
Pension & Retirement:	\$ _____	\$ _____	_____
Wages:	\$ _____	\$ _____	_____
Rental Income:	\$ _____	\$ _____	_____
Other Income/Annuities:	\$ _____	\$ _____	_____
Interest Income:	\$ _____	\$ _____	_____
TOTAL INCOME:	\$ _____	\$ _____	

If you have filed any of the following documents, please provide a copy:

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form
3. Any Other Documents as needed to verify eligibility

_____ Check here if the applicant or applicant's spouse was not required to file a Federal Income Tax Return.

ASSETS:

Please list all assets owned (Self & Spouse) Savings Accounts or Investments, Certificates, CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars, etc.)

<u>Institution Name:</u>	<u>Type</u>	<u>Value/Amount</u>
_____	Checking(s)	\$ _____
_____	Saving(s)	\$ _____
_____	CDs / IRS(s)	\$ _____
_____	Stock & Bonds	\$ _____
_____	Other	\$ _____

VEHICLES:

1. Make/Model/Year/Mileage: _____ Estimated value: _____
2. Make/Model/Year/Mileage: _____ Estimated value: _____
3. Boat(s)/Trailer(s): Make/Model/Year: _____ Estimated value: _____
4. RV/Make/Model/Year: _____ Estimated value: _____
5. Jewelry/Antiques: _____ Estimated value: _____
6. Other/Description _____ Estimated value: _____

REAL ESTATE: (not including your primary residence and up to the greater of 2 acres or the minimum single family residential lot size specified in the local zoning ordinance.)

Property Type: _____ In Town/State: _____
 (Provide copy of property tax bill)
 Current Market Value (s) _____

TOTAL OF ALL ASSESTS: _____

I/we swear, under penalty of perjury, that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the Town of Allenstown, NH. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE _____ DATE: _____

PRINTED NAME: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

RETURN THIS APPLICATION (qualifying worksheet and form PA-29 (and PA-33 if applicable)) TO THE ASSESSOR'S OFFICE ON OR BEFORE APRIL 15 OF THE YEAR YOU WILL BE REQUESTING THE EXEMPTION.

THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-A).

Please call the Assessing Office at 485-4276 if you have questions or need assistance completing forms.