

Date Received

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

**ELDERLY TAX EXEMPTION QUALIFICATIONS WORKSHEET  
FOR TAX YEAR 20\_\_**

When applying for an elderly exemption, this worksheet and copies of the documentation and information must be submitted with a completed Form PA-29, Permanent Application for Property Tax Credits/Exemptions, before the due date of April 15<sup>th</sup>, for the application to be considered complete. **Incomplete applications will not be reviewed by the Town of Rollinsford assessing officials.**

<b>Income Limitation</b>	<b>Asset Limitation</b>	<b>Elderly Exemption Per Age Category</b>
Single \$35,200	\$110,000	65-74 = \$ 55,000
Married \$39,600	\$110,000	75-79 = \$ 75,000
		80+ = \$110,000

Please print all information clearly:

Applicant's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

Date of NH Residency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**A. REQUIREMENTS**

- Application period begins January 1<sup>st</sup>; Application deadline is April 15<sup>th</sup>
- The applicant must be 65 years of age, as of April 1<sup>st</sup>, of the tax year in which the exemption is claimed (if married, the eldest should apply).
- The applicant must have resided in the State of New Hampshire for at least three (3) consecutive years proceeding April 1<sup>st</sup> of the year in which the exemption is claimed.
- The property for which the exemption is claimed must be owned by the applicant and be his/her principal place of abode.
- 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.
- If the property is held in a trust or life estate, 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 and a complete copy of the Trust document, include beneficiaries, per RSA 564-B:10-1013.
- The applicant must sign the Form PA-29, Permanent Application for Property Tax Credit/Exemption and the Qualification Worksheet.
- Supporting documentation for income and asset amounts must be presented with the application. A list of required documentation can be found on page 3.
- Exemption cannot be claimed in more than one community within New Hampshire, nor if receiving similar benefits elsewhere, such as Florida Homestead exemption.

Assessing Officials shall grant the exemption provided the taxpayer qualifies in all categories; are satisfied that the applicant(s) have not willfully made any false statements in the application for the purpose of obtaining the exemption; and the applicant cooperates with the Assessing Officials request(s) for additional documentation, if applicable.

**B. INCOME**

Please list the source and amount of all income for the year for both you and your spouse. Including, but not limited to:

<b>Source:</b>	<b>Applicant:</b>	<b>Applicant's Spouse:</b>
Wages:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Pension and/or Retirement Income:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Dividend Income:	\$ _____	\$ _____
Annuity:	\$ _____	\$ _____
Interest Income:	\$ _____	\$ _____
Unemployment Benefits:	\$ _____	\$ _____
Workers Compensation:	\$ _____	\$ _____
Disability Insurance Payments:	\$ _____	\$ _____
Other Income (specify): _____	\$ _____	\$ _____
Other Income (specify): _____	\$ _____	\$ _____
<b>TOTAL INCOME:</b>	\$ _____	\$ _____

**C. ASSETS**

Please list all assets owned by the applicant and the applicant's spouse. Assets include, but are not limited to, all bank accounts, stocks, bonds, CDs, IRA, annuities, life insurance or other investments/certificates, antiques, jewelry, art, etc. (please add additional sheet if necessary):

<b>Institution Name:</b>	<b>Type of Account:</b>	<b>Value/Amount:</b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

<b>Household Items:</b> (jewelry, antiques, art, etc.)	<b>Value:</b>
Item: _____	\$ _____
Item: _____	\$ _____
Item: _____	\$ _____

<b>Vehicles including recreational vehicles:</b> (i.e. travel trailers/RVs, boats, cars)	<b>Make/Model/Year:</b>	<b>Value:</b>
Automobile	_____	\$ _____
Automobile	_____	\$ _____
Automobile	_____	\$ _____
RV/travel trailer	_____	\$ _____
Boat	_____	\$ _____
Other/description _____	_____	\$ _____

<b>*Real Estate:</b>	<b>Location</b> (Town/State)	<b>Value:</b>
Property Type _____	_____	\$ _____
Property Type _____	_____	\$ _____

\*Provide copy of property tax bill for all real estate

**TOTAL OF ALL ASSETS** \$ \_\_\_\_\_

**D. REQUIRED SUPPORTING DOCUMENTATION**

Copies of the following documentation must be provided for both applicant and applicant's spouse:

- \_\_\_\_\_ 1. Driver's license or non-drivers ID
- \_\_\_\_\_ 2. Birth certificate
- \_\_\_\_\_ 3. Most current vehicle registration for all vehicles (including Boats, RVs)
- \_\_\_\_\_ 4. Last 2 years Federal Income Tax return complete with all schedules and supporting 1099's & W2's. If applicant and/or spouse do no file tax returns, both shall complete and sign IRS Form 4506-T
- \_\_\_\_\_ 5. Interest and Dividend tax return to the State of NH
- \_\_\_\_\_ 6. Social Security Benefit Statement, SSA-1099 and SSA award letter (if applicable)
- \_\_\_\_\_ 7. Four months of statements for all checking, savings, CDs, savings bonds, IRA, annuities, mutual funds, shares of stock, money markets or other investment accounts from all lending institutions
- \_\_\_\_\_ 8. Life Insurance policies (cash or surrender value, not market value)

RSA 72:33, VI allows Selectmen or Assessing Officials to require those receiving tax exemptions or credits to provide 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.

**This questionnaire will be kept CONFIDENTIAL, and not part of the public record, 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 per RSA 21-J:11-a.**

I/We, the undersigned, swear under penalty of perjury, that all information provided herein is a correct and accurate accounting of my financial condition to the best of my/our knowledge. I/We further authorize any agency or financial institution to release information about me/us and/or provide copies of my records to any agent of the Town of Rollinsford. I/We release all persons whomsoever from any liability resulting from the release of said information.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's signature:

Applicants Spouse's signature:

\_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

State of New Hampshire  
County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared the within named \_\_\_\_\_ and \_\_\_\_\_, personally known or satisfactorily proven by providing \_\_\_\_\_ as proof of identification, who acknowledged the foregoing instrument to be his/her free act and deed, and acknowledged execution of said document under the penalties of perjury.

\_\_\_\_\_

Affix seal here

Print Name: \_\_\_\_\_  
[My commission expires \_\_\_\_\_]