

ELDERLY TAX EXEMPTION QUALIFICATIONS WORKSHEET
(MAY ALSO BE USED FOR BLIND, DEAF OR DISABLED EXEMPTION)

RSA 72:33, VI allows Selectmen or 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 Name: Exeter

Town Address: 10 Front St

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

INCOME LIMITS: Single [\$ 40,425] Married [\$ 51,975]

ASSET LIMIT: Single [\$ 194,250] Married [\$ 194,250]

If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA33 (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 completed Certification of Trust per RSA 564-B: 10-1013.

Please print all information clearly:

Applicant's Name: _____

Spouse's Name: _____

Property Address: _____

Mailing Address: _____

Phone Number: _____

INCOME:

Please list the source and amount of all income for 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 – 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 _____	_____
_____	Savings _____	_____
_____	Savings _____	_____
_____	IRA _____	_____
_____	Other _____	_____

VEHICLES:

- A. Make / Model / Year / Mileage _____
Est. Value \$ _____
- B. Make / Model / Year / Mileage _____
Est. Value \$ _____
- C. Boat / Model / Year _____ Est. Value \$ _____
- D. RV / Model / Year _____ Est. Value \$ _____
- E. Other / Description _____ Est. Value \$ _____
- F. Other / Description _____ Est. Value \$ _____

REAL ESTATE: (not including your primary residence and up to 2 acres of land)

Property Type _____ In Town/State _____
 **Provide copy of property tax bill.
 Est. Value \$ _____

TOTAL Of All ASSETS \$ _____

I 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]. 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: _____

TELEPHONE NUMBER: _____

PLEASE RETURN THIS QUESTIONNAIRE BY _____ / _____ / _____, THANK YOU.

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).

¹ Revised September, 2006



TOWN OF EXETER

10 FRONT STREET EXETER, NH 03833-2792 (603) 778-0591 FAX 772-4709
www.exeternh.org

Unified Elderly Tax Exemption Guidelines (RSA 72:39a)

2007 Age and Residency Requirements

You must be age 65 or over as of April 1 of the year you are applying and a resident of New Hampshire for the past 3 or more years. The property on which the exemption is claimed must be your principal place of abode.

Age before April 1st 65-74	\$ 152,250 off assessed value
Age before April 1st 75-79	\$ 183,750 off assessed value
Age before April 1st 80-up	\$ 236,250 off assessed value

Income (including Social Security)

Single	less than \$40,425
Married	less than \$51,975

Income limitations specified are based upon earnings during the prior calendar year. Examples of income are included but limited to: wages, self-employment earnings, pensions, annuities, rentals, interest, and social security benefits.

Assets

Total assets may not exceed **\$194,250** whether married or single.

The residence on which the exemption is claimed is excluded from the above limitation; all other property is an asset whether located in State or out. Examples of assets include but are limited to: savings and checking accounts, stocks and bonds, CD's and money market accounts, vehicles, household good, antiques, jewelry and furs. Anything, which can be sold for cash, is an asset.

Multifamily homes: The unit(s) you do not reside in must be included as an asset.

Filing Deadline

The filing deadline is April 15th preceding the setting of the tax rate. Example: If you are applying for an exemption off your 2007 property taxes, you have until April 15, 2007, to file this form.

In order to process your exemption we will need copies of the following:

- Social Security Statements
- IRS 1040 completed form
- 1099 forms (interest from the Banks)
- Pension Statements

If you have any questions, please call the Assessor's Office at 778-0591