



## ELDERLY TAX EXEMPTION QUALIFICATIONS WORKSHEET

Please note that 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.

This worksheet is to be completed and submitted along with all supporting documentation. All information supplied will be treated confidentially and any supporting documents will be returned or shredded upon approval or denial of the application. Please note the following Income and Asset Limits when considering submission of your application:

INCOME LIMITS:	Single \$ <b>45,000</b>	Married \$ <b>55,000</b>
ASSET LIMIT:	Single \$ <b>150,000</b>	Married \$ <b>150,000</b>

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 and either a copy of the Declaration of Trust, including a list of beneficiaries or a completed Certification of Trust per RSA 564-B: 10-1013.

NEW APPLICANT ☐ EXISTING / REVIEW ☐ (Please check one)

Please print all information clearly. Please fill in all lines completely – do not leave anything blank. Write in 0, N/A, or cross out if something is not applicable.

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Spouse's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Principle Place of Abode: \_\_\_\_\_

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

Has applicant been a New Hampshire resident for the previous three years\*? ☐ yes ☐ no

\*Consecutive three-year NH residency prior to April 1 required for elderly exemption

**NEW APPLICANTS ONLY:** Please submit a copy of your **property Deed** and **Birth Certificate(s)** with this application. Applicants under review do not need to resubmit these documents.

14 Manning Street, Derry, New Hampshire 03038 Tel (603)432-6104 Fax (603)432-8176

Website: [www.derry-nh.org](http://www.derry-nh.org)

## INCOME:

Applicant must have income **less** than **\$45,000**, or if married, a combined income **less** than **\$55,000** in the calendar year preceding April 1<sup>st</sup>. "income", *as defined by State Statute 72:39-a (b)* shall be determined by deducting from all moneys received from any source whatsoever, the amount of any of the following, or the sum thereof:

- a. Life insurance paid on the death of an insured
- b. Expenses and costs incurred in the course of conducting a business enterprise
- c. Proceeds from the sale of assets

Please list the yearly income from all sources for both you and your spouse. **Supporting documentation such as W-2's and 1099's MUST BE INCLUDED.**

SOURCE:	Applicant:	Applicant's Spouse:	Required Documents
Social Security:	\$ _____	\$ _____	○ SSA1099s
Pension & Retirement	\$ _____	\$ _____	○ Pension 1099Rs
Wages / Unemployment:	\$ _____	\$ _____	○ W2s / 1099-G
Rental Income:	\$ _____	\$ _____	○ Tax schedule E
Interest Income:	\$ _____	\$ _____	○ 1099-INT
Annuities	\$ _____	\$ _____	○ 1099Rs
IRA/401(k) etc. Distributions	\$ _____	\$ _____	○ 1099Rs
Dividends/Capital Gains etc.	\$ _____	\$ _____	○ 1099-DIV
Public Assistance:	\$ _____	\$ _____	○ Benefit letter
Covid Relief / Stimulus	\$ _____	\$ _____	○ Letter/bank statement
Other:	\$ _____	\$ _____	
<b>Income subtotal:</b>	<b>\$ _____</b>	<b>\$ _____</b>	
<b>INCOME TOTAL</b>	<b>\$ _____</b>		

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

☐

Check here if the applicants were not required to file a Federal Income Tax Return.

## ASSETS:

Please list all assets owned (Self & Spouse). List all financial accounts. **Attach copies of statements; include ALL PAGES for the last three months of the year (Oct/Nov/Dec).**

<u>INSTITUTION NAME:</u>	<u>TYPE:</u>	<u>VALUE/AMOUNT</u>	<u>STATEMENT DATE</u>
_____	Checking	_____	_____
_____	Savings	_____	_____
_____	Savings	_____	_____
_____	IRA	_____	_____
_____	CDs	_____	_____
_____	Other	_____	_____

### **VEHICLES / BOATS / ANTIQUES / OTHER:** (if not applicable, cross out, or write in N/A or 0)

A. Car: Make / Model / Year / Mileage \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

B. Car: Make / Model / Year / Mileage \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

C. Boat / Model / Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

D. RV / Model / Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

E. Antiques / Collections \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

F. Other (Description) \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

**OTHER REAL ESTATE:** List all other property owned (not including your primary residence) and provide a copy of the most recent property tax bills for these properties.

Property Type \_\_\_\_\_ In Town/State \_\_\_\_\_ Est. Market Value \$ \_\_\_\_\_

### **PLEASE CHECK ONE:**

- ☐ I DO NOT have a mortgage on the property.
- ☐ I currently have a mortgage on the property in the amount of \$ \_\_\_\_\_  
(please provide a copy of a recent mortgage statement)

Note that Multi-Family properties and primary residences with more than 2 acres: Per RSA72:39-b a portion of multifamily properties that are rental units and the excess of 2 acres for primary residences are calculated as an asset. However, any "good faith encumbrances" (i.e. mortgages) may be deducted from this value.

**TOTAL OF All ASSETS \$ \_\_\_\_\_**

All information supplied will be treated confidentially. Financial documents and copies are not retained on file. Please CHECK ONE:

- ☐ I give permission for the Town to SHRED documents provided as part of this application.
- ☐ Please RETURN documents to me by postal service.

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 and that this is my primary place of abode per RSA79:39-a(c). 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 Derry**. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Above calculations based upon financials produced by property owner. Description of financial is shown under category. This worksheet 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 and it may also be used by the town in defense of any action taken as a result of decision rendered on information contained herein. Review of assessing practices (RSA 21-j:11-a).

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## Did you remember to include...? Submission Checklist

(All documentation, if applicable is required. Missing or incomplete information can result in a delay and possible denial of your application):

- ☐ Form PA-29: Permanent Application for Property Tax Credits/Exemptions
- ☐ Elderly Exemption Qualification Worksheet (completely filled out and signed)
- ☐ Birth Certificate (if new applicant)
- ☐ Property Deed(s) (if new applicant)
- ☐ Proof of income (tax form 1099s, W2s, etc.) for all income listed for you and your spouse
- ☐ Federal Tax Return (if applicable)
- ☐ Last 3 bank statements of the year (Oct/Nov/Dec), all pages, for all financial assets listed
- ☐ Property tax bill for any other property owned by you or spouse
- ☐ Most recent mortgage statement
- ☐ Form PA-33 and Trust document (if your property is held in a Trust)