

2019

ELDERLY TAX EXEMPTION

To qualify for the optional adjusted elderly exemption; RSA 72:39a the applicant must be 65 years old, (if married, the eldest should apply), must have resided in this state for at least 3 consecutive years, preceding April 1 in the year in which the exemption is claimed.

Income Limitations: (From all sources, including social security)

A. Single	27,000
B. Married	40,000

Asset Limitation:

120,000 (Excluding the value of the applicant's residence up to two (2) acres of land with the residence)

Exemptions:

Age	65-74	80,000
	75-79	100,000
	80+	120,000

Please provide the following documentation:

Applicants that filed an Income Tax Form:

1. SSA-1099 Statement (Social Security Benefit Statement)
2. 2018 Income Tax Form
3. Bank statement and verification of assets listed

Applicants not filing an income tax form:

1. SSA-1099 Statement
2. Form 1099 R (Distribution from pensions, annuities, retirement or profit sharing plans, IRA's, insurance contracts, etc.)
3. W-2 (wage statements)
4. 1099 (interest statements)
5. Bank statements and verification of assets listed

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Granted_____ **Denied**_____
Date_____ **Initials**_____

Optional Adjusted Elderly Tax Exemption RSA 72:39-a Qualification

Please print all information clearly
Sublot_____ Map_____ Lot_____

Applicant's
Name_____ Spouse_____

Mailing Address_____ Property
Location_____

Is the above location your legal residence?_____ If so, how many
yrs?_____

Marital Status Married_____ #Yrs_____ Single/Widow_____ Date of
Birth_____

Spouse Date of Birth

Property Owned: Soley_____ Jointly_____ In Common_____ Date
Purchased_____

(The applicant must own the real estate individually or jointly, or if the real estate is owned by his/her, spouse, they must have been married and living together for at least five years.

Taxpayers with their property in a trust or life estate may apply for a property tax credit,

RSA 72:33, V; ask the Assessing Dept. for the form PA-33.

If you have filed any of the following – (please provide a copy)

1. Did you file an Interest and Dividend tax return to the State of NH for 2017 **Y or N**
2. Did you file a Federal Income Tax Form for the year 2018
Y or N

Please list the source and amount of all income for 2018
(Read carefully income limitation on the front page) for both yourself and
spouse.

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Source	(Yearly net income)	<u>Owner # 1</u>	<u>Owner # 2</u>
Social Security (SSA-1099 Statement)		\$_____	\$_____
Pension & Retirement		\$_____	\$_____
Wages		\$_____	\$_____
Rental Income		\$_____	\$_____
Other Income/Annuities		\$_____	\$_____
Interest Income		\$_____	\$_____
Total Income:		\$_____	\$_____

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, Motorcycles, etc)

<u>Institution Name</u>	<u>Type</u>	<u>Present Value/Amount</u>
_____	Checking	_____
_____	Savings	_____
_____	Savings	_____
_____	Savings	_____
_____	IRA'S	_____

Vehicles:

Make_____Model_____YR_____Est.

Value_____

Make_____Model_____YR_____Est.

Value_____

Boat _____Model_____YR_____Est.

Value_____

RV _____Model_____YR_____Est.

Value_____

Motorcycle_____Model_____YR_____Est.

Value_____

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OTHER ASSETS:

Description_____ Est.
Value_____

Real Estate:

Property Type_____Town/State_____Est.
Value_____(If you own other real estate property, Please provide a
copy of a current tax bill.)

SUBTOTAL:_____TOTAL:

***Note: **Application deadline is April 15th**. This exemption does not
automatically pass on to the spouse of a deceased property owner; a new
application must be applied for.

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 of Gilmanton Assessing Office.
I release all persons whomsoever from any liability out of or resulting from the
release of this information.

Owner Signature:_____Date:_____Telephone
#_____
Owner Signature:_____Date:_____Telephone
#_____

This form will remain confidential.

Asset & Income Forms verified and returned:_____

Date Initials