

ELDERLY TAX EXEMPTION
TOWN OF GILMANTON

Application Criteria, per RSA 72:39-a

- 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 72:29-II, which includes the housing unit, which is the person's principal home and related structures. 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.

Income Limitations:

Includes income from any source including Social Security, pensions, annuity or IRA distributions, but excludes 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. The income restrictions adopted by the Town of Gilmanton is as follows:

A. Single	<u>\$30,000</u>
B. Married	<u>\$45,000</u>

Asset Limitation:

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

Single/Married: \$120,000

Exemptions Amounts based on age:

<u>Age</u>	<u>Exemption Amount</u>
65-74	\$80,000
75-79	\$100,000
80+	\$120,000

Application deadline is April 15th of the year applying
This form and documentation will remain confidential.

<u>Official Use Only:</u>		
Parcel ID	_____	
Ex Group	65	75 80
Income	_____	
Assets	_____	
Approved	Denied	
Date	_____	By _____
Forms & documents returned on (date)	_____	

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

Please print all information clearly

Applicant's Name _____
 Date of Birth _____ Phone # _____ Email _____

Co-applicant's or Spouse's Name _____
 Date of Birth _____ Phone # _____ Email _____

Mailing Address: _____

Winter or Alternate Address: _____

Marital Status: Married Single Widow If married, date of marriage _____

Property Address of Which Exemption is Sought: _____

Property Type: Single Family Single Fam. W/In-Law Multi-Family (___# Units)
 Commercial (explain uses: _____)

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

How many years have you been a NH resident? _____

Prior residence(s) (if within 3 years) _____

Property Ownership Interest: Solely Jointly In Common Trust* Life Estate**

***Trusts-** complete a PA-33 form and supply a copy of the Trust in its entirety.
****Life Estate-** complete a PA-33 form and supply the deed referencing the life estate.

Are you or your spouse a beneficiary of any trust?
 If yes, please circle: Trustee or Beneficiary
 Name of Trustee/Beneficiary and Trust: _____

Do you have a reverse mortgage or have you refinanced your home this past year?
 If yes, amount received: \$ _____ Date received: _____

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

1. Did you file a Federal Income Tax Form this year?
 (If no, must submit verification: IRS 4506-T)
2. Did you file an Interest and Dividend tax return to the State of NH this year?

PRIOR YEAR TOTAL INCOME FROM ALL SOURCES

Income Source	Co. Name or Acct #	Applicant Total Annual	Spouse Total Annual	Supporting Document
Social Security	_____	_____	_____	SSA-1099
SSI (Supplement Security Income)	_____	_____	_____	Benefit Statement
Pension/Retirement	_____	_____	_____	1099-R
Pension/Retirement	_____	_____	_____	1099-R
Veteran Benefits	_____	_____	_____	Benefit Statement from VA
Employment/Wages	_____	_____	_____	W2 or 1099
Employment/Wages	_____	_____	_____	W2 or 1099
Rental Income	_____	_____	_____	Lease & Tax Return
Room & Board/ Stipend	_____	_____	_____	Statement from area agency
Dividends	_____	_____	_____	1099-DIV
Dividends	_____	_____	_____	1099-DIV
Interest	_____	_____	_____	1099-INT
Interest	_____	_____	_____	1099-INT
Alimony/ Child Support	_____	_____	_____	Court Order or Statement
Business/Self Emp. Income	_____	_____	_____	Complete Tax Return
Disability Insurance	_____	_____	_____	Benefit Statement
Worker's Compensation	_____	_____	_____	Benefit Statement
Unemployment Benefits	_____	_____	_____	1099
Food Stamps	_____	_____	_____	Benefit Statement from DHHS
Fuel Assistance	_____	_____	_____	Community Action Statement
Housing Authority Payments	_____	_____	_____	1099
Other Gov't Assistance	_____	_____	_____	Benefit Statement from DHHS
Trust Income	_____	_____	_____	1099 or Statement
Royalties	_____	_____	_____	1099
Other	_____	_____	_____	as applicable
Other	_____	_____	_____	as applicable
TOTALS		<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	

CURRENT ASSETS (Includes accounts and investments in the name of the Applicant or Spouse)

Co. Name/ Acct #	Asset Type	Owned by Applicant, Spouse, or Jointly	Current Balance/Value	Required Supporting Documentation
_____	Checking Acct	_____	_____	Most Recent 3 Months of Complete Bank Statements
_____	Checking Acct	_____	_____	
_____	Checking Acct	_____	_____	
_____	Savings Acct	_____	_____	
_____	Savings Acct	_____	_____	
_____	Savings Acct	_____	_____	
_____	Money Market	_____	_____	
_____	Money Market	_____	_____	
_____	IRA	_____	_____	
_____	IRA	_____	_____	
_____	Certificate/Deposit	_____	_____	Complete Statements from Investment Company
_____	Certificate/Deposit	_____	_____	
_____	Stocks	_____	_____	
_____	Stocks	_____	_____	
_____	Savings Bond	_____	_____	
_____	Savings Bond	_____	_____	
_____	Annuity	_____	_____	
_____	Annuity	_____	_____	
_____	Mutual Funds	_____	_____	
_____	Shares	_____	_____	
_____	Whole Life Ins.	_____	_____	Statement Showing Cash or Surrender Value
_____	Whole Life Ins.	_____	_____	As Applicable
_____	Other	_____	_____	
_____	Other	_____	_____	
_____	Other	_____	_____	
_____	Other	_____	_____	

Assets Con't

VEHICLES (Includes Cars, Trucks, Motorcycles, Boats, Campers, RV's, etc.)				
Mileage	Make/Model/Year	Owned by Applicant, Spouse, or Jointly	Current Value	Required Supporting Documentation
_____	_____	_____	_____	Registration, if registered. If there is a loan, provide most recent statement showing loan balance
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

REAL ESTATE (In the Applicant or Spouse's Names)				
Type	Address	Owned by Applicant, Spouse, or Jointly	Assessed Value	Required Supporting Documentation
_____	_____	_____	_____	Tax Bill & Statement showing loan balance.
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

ADDITIONAL ASSETS				
Type	Description	Owned by Applicant, Spouse, or Jointly	Estimated Value	Required Supporting Documentation
Jewelry	_____	_____	_____	Appraisal, if available.
Coins	_____	_____	_____	
Art	_____	_____	_____	
Antiques	_____	_____	_____	
Appliances	_____	_____	_____	
Furniture	_____	_____	_____	
Yard Equipment	_____	_____	_____	
Misc.	_____	_____	_____	

TOTAL ASSETS: \$

AFFIDAVIT

Please read, initial each line, and sign below. If there is anything you do not understand, please ask the assessing staff for clarification.

_____ I hereby certify that the exemption worksheet with financial documentation submitted to the Gilmanton Assessing Department is complete, true, and correct.

_____ I certify that I do not claim residency in any other city or town, in any other State.

_____ I certify that I have been a resident of New Hampshire for 3 consecutive years (Elderly Exemption) or 5 years (Disabled Exemption) as of April 1 in the year applying for tax exemption.

_____ I certify under penalty of perjury that I am not receiving other residential tax exemption or tax credit in any other community within New Hampshire and I am not receiving a similar benefit, such as a homestead exemption, in any other State.

_____ I understand that if my income or assets change, there is a possibility I may no longer qualify for the tax exemption, and that I am under obligation by law to notify the Assessing Department.

_____ If my marital status changes, I must notify the Assessing Department.

_____ If I relocate within the Town of Gilmanton, I must file an amended application with the Assessing Department as soon as possible, on or before December 1, immediately following change in residence.

_____ I understand that if I put my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit or exemption.

_____ A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he/she makes any written false statement which he/she does not believe to be true, or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he/she submits or invites reliance on any writing which he/she knows to be lacking in authenticity. *RSA 641:3*

I/We have read and understood the above statements. Any misrepresentation on my part may result in court action for recovery. I certify the information submitted is true and accurate to the best of my knowledge.

_____ Applicant's Signature

_____ Name Printed

_____ Date

_____ Signature of Spouse

_____ Name Printed

_____ Date