



**Town of Sanbornton
P.O. Box 124
17 Meetinghouse Hill Road
Sanbornton, NH 03269**

ELDERLY EXEMPTION

Application Criteria/ Guidelines

* Elderly Exemption Qualifications Deadline to File: **April 15, 2023** *

Please **Submit: Applications between January 1st and April 15th.**

* Applicant(s) must re-qualify at-least once every 5 years.

- The applicant must be at **least age 65 or over as of April 1st** of the year applying and a resident of New Hampshire for the past 3 consecutive years. Proof of age must be submitted, i.e., current driver's license.
- Applicant must have resided in the state of New Hampshire for at least **three years** prior to year of application.
- The property for which the exemption is claimed must be owned by the applicant and be his/her principal place of abode.
- 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.
- 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.
- The applicant must sign the permanent application and the annual tax exemption financial worksheet & affidavit. The worksheet and affidavit are available as a separate document during the filing period.
- If the property is held in a trust or life estate, a copy of the trust and the Statement of Qualification Form (PA-33) must be filed with this application. (Please contact our office for a copy of this form)
- Supporting documentation for income and asset amounts must be presented with the application. A list of documentation required is located in this packet.
- Tax exemptions cannot be claimed in more than one community within New Hampshire nor if receiving similar benefits elsewhere, such as Florida Homestead exemption.
- Income, Asset & Exemption amounts are subject to change from year to year. Please contact the Assessing Office for updated information.

Financial Qualifications

Income restrictions adopted on March 9, 2022 by the Town of Sanbornton is as follows:

| <u>Income & Assets</u> | | <u>Elderly Exemption Amounts by age</u> |
|-----------------------------------|----------------------|--|
| | Income Assets | 65-74 years - \$40,000 |
| Single | \$25,000 \$60,000 | 75-79 years - \$50,000 |
| Married | \$40,000 \$60,000 | 80 + years - \$70,000 |

ELDERLY EXEMPTION WORKSHEET

Tax Year 2023

The Exemption Worksheet must be completed in order to qualify under the requirements of RSA 72:33, VI. This worksheet and Form PA-29, application for tax exemption, must be completed and submitted with supporting documentation by April 15, 2023.

Please print all information clearly:

| <u>OFFICIAL USE ONLY:</u> | | | |
|---------------------------|--------------|----|-------|
| Parcel ID | _____ | | |
| Age as of April 1: | _____ | | |
| Ex Group: | D | 65 | 75 80 |
| Income | Assets _____ | | |
| Assessment | _____ | | |
| Exemption Amount | _____ | | |
| A/D | By _____ | | |

1. Applicant's Name: _____ Telephone # _____
2. Applicant's Date of Birth: _____ Email Address: _____
3. Spouse's Name: _____ Telephone # _____
4. Spouse's Date of Birth: _____ Email Address: _____
5. Mailing Address _____
6. Winter or Alternate Address: _____
7. Marital Status (**circle one**): **Married** (____ # years married) **Single/ Divorced / Widow(er)**
8. Property Address of Which Exemption is Sought: _____, Acreage: _____
9. Property Type (**circle one**): **Single Family Single Fam. w/ In-Law Apt Multi-Family** (____ # Units)
10. Residence Owned: **Jointly in Common/ Solely /Revocable Trust/ Irrevocable Trust Life Estate**
11. I have been a legal resident of NH since _____ Number of Years Owned Residence: _____
12. List primary residence/s for last five (5) years _____
13. Is the Applicant or spouse a trustee or beneficiary of any trust? **YES / NO** If YES, please specify below.
TRUSTEE BENEFICIARY Name of Trustee/Beneficiary & Trust: _____
14. Will you be filing a 2023 Federal Income Tax Return this year? **YES / NO** If NO, must submit verification (IRS 4506T).
15. Will you be filing an interest and dividend tax return to the State of NH? **YES / NO**

Income

Income information for the period of **January 1, 2022 to December 31, 2022.**

Please answer all questions; if any of the following categories do not apply, please write N/A. Supporting documents **must** be submitted with this application;

Includes income from **ANY** source including Social Security or pension, 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.

| Income | Owner | Co-Owner (Spouse) |
|--|------------------|------------------------------|
| Social Security (gross, annual) (1099-SSA) | \$ | \$ |
| Social Security Disability Income | \$ | \$ |
| VA Benefits (Pension/Disability Income) | \$ | \$ |
| Wages/Salaries (gross) (W-2's) Tips (gross) | \$ | \$ |
| Pensions (1099-r's) | \$ | \$ |
| Annuities (1099-r's) | \$ | \$ |
| 401k, IRA's (1099-r's) | \$ | \$ |
| All Interest Income (total of all accounts) (1099-INT's) | \$ | \$ |
| All Dividend Income (total of all accounts) (1099-DIV's) | \$ | \$ |
| Real Estate Rental Income (Annual Amount) | \$ | \$ |
| Other Income (Fuel, Electric Assistance, SSI, gambling, lottery) | \$ | \$ |
| Is anyone other than a spouse or co-owner living with you? | Yes_____ No_____ | |

Total Owner:

\$ _____

Total Co-Owner

\$ _____

2022 TOTAL INCOME: \$ _____

ASSETS

Current asset information as of December 31, 2022. All items must be answered, therefore, if any of the following categories do not apply, please write N/A

| | Year | Make | Model | Est. Value \$ |
|--|------|------|-------|---------------|
| Vehicle 1: | | | | |
| Vehicle 2: | | | | |
| Vehicle 3: | | | | |
| Recreational: | | | | |
| (ATV's, Snowmobiles, trailer, camper, etc.) | | | | |
| Other (Explain) | | | | |

| Checking Acct # (last 4 digits) | Bank/Institution Name | Balance |
|----------------------------------|-----------------------|----------------|
| | | |
| | | |
| | | |
| Savings Acct # (last 4 digits) | Bank/Institution Name | Balance |
| | | |
| | | |
| | | |
| CD Acct # (last 4 digits) | Bank/Institution Name | Balance |
| | | |
| | | |
| Annuity Acct # (last 4 digits) | Bank/Institution Name | Cash Out Value |
| | | |
| | | |
| Stocks/Bonds/IRA Acct # (last 4) | Bank/Institution Name | Cash Out Value |
| | | |
| | | |

Do you own (individually, jointly, in common, fractional, etc.) any other real estate in Sanbornton or anywhere else, including homes, land, mobile homes, or time shares: Yes ____ No ____

If yes, please attach a copy of final property tax bill for 2022.

If **yes**, other Real Estate: _____ \$ _____
Street Address City/Town State Market Value

Other Personal Property:

| | | |
|-----|--------------------|--------------|
| (a) | _____ | \$ _____ |
| | <i>Description</i> | <i>Value</i> |
| (b) | _____ | \$ _____ |
| | <i>Description</i> | <i>Value</i> |

Assets disclosed by the applicant on this application will be verified through all resources available to the Town of Sanbornton Assessing Department.

TOTAL CURRENT ASSETS \$

I/We, the undersigned, agree to repay the Town of Sanbornton, NH, for any exemption procured through willful misrepresentation. Misrepresentation or omission of information may result in denial of exemption from the Town of Sanbornton, NH.

Any change in household circumstances (income or assets) must be reported to the Assessor's Office within 30 days. Failure to do so may result in suspension of assistance. I/We swear, under penalty of perjury, and certify that the information provided in the application, including income and asset statements, is true to the best of my/our knowledge.

My/Our signature(s) below constitute(s) the granting of my/our authority for the Town of Sanbornton NH, to obtain verification and/or proof from all sources concerning my/our household's circumstances.

Signature of Applicant _____ Date _____

Print Name _____

Signature of Spouse _____ Date _____

Print Name _____

Applicant must supply copies of the following:

- Birth Certificate or Driver's License to verify proof of age.
- Social Security Benefit Statement(s) – for 2022
- W-2's -If Applicable for 2022
- Bank Statement(s) from All Banks/All Pages-for **the last 3 months:** *Including Checking, Savings, Stocks, Bonds, Certificates of Deposit, Money Markets, Mutual Funds, IRAs, etc.*
- Details on Vehicle(s), Motorcycle(s), RV(s), Boat(s), and Other Properties or Land Owned Provide Updated Values/Assessments
- Dividend Statement(s) & Interest Income Statement(s) – for 2022
- Federal Income Tax Return (All Pages) for 2022
- Trust Document (All Pages) / PA33 Statement of Qualification Sheet (*If Applicable*)
- Any other documents as needed to verify eligibility

Please place (X) in one of the boxes below:

Return Financials After Review ☐
Shred Financials ☐

AFFIDAVIT

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

I hereby certify that the exemption worksheet with financial documentation submitted to the Sanbornton 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) as of April 1st in the year applying for tax exemption. _____

I certify under penalty of perjury that I am not receiving any other residential tax exemption or tax credit in any other community within New Hampshire and I'm 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 Sanbornton, I must file an amended application with the Assessing Department as soon as possible, on or before December 1, immediately following the 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 best of my knowledge. _____