



Assessment Office
58 Opera House Square
Claremont, New Hampshire 03743
(603) 542-7004 fax (603) 542-7014
Hours: Monday through Friday, 8 AM to 12:30; 1:30 PM to 5

ELDERLY EXEMPTION INFORMATION

ELDERLY EXEMPTIONS (RSA 72:39): <ELD1/ELD2/ELD3>

- Has resided in this state for at least 5 consecutive years preceding April 1 in the year in which the exemption is claimed.
- Must be 65 on April 1st of year of application (or spouse).
- Property for which exemption is applied must meet the definition of real estate per RSA 72:39a(c).
- If the real estate is owned by such person's spouse, they must have been married to each other for at least 5 consecutive years.
- Yearly Net Income: Married \$26,600, single \$19,600 (excluding business expenses and costs, life insurance proceeds on the death of an insured, or proceeds from the sale of assets).
- Asset Limitation: \$50,000 excluding residence and the value of a minimum single family residential lot or 2 acres, whichever is greater.
- Applicants whose property is owned by a trust must complete a Form PA-33 and supply the necessary documentation relevant to the trust.
- Must reside at the property for which exemption is applied.

Benefits:	65 - 74	\$19,250 reduction of assessed value
	75 - 79	\$38,500 reduction of assessed value
	80+	\$77,000 reduction of assessed value

APPLICATIONS

It is the responsibility of the taxpayer to properly apply for any exemption or deferral program and to provide documentation of all assets and income.

Application deadline for exemptions and credits is April 15th of the current year. Application deadline for a tax deferral is March 1st following the date of notice of tax.

*****IMPORTANT*****

Notify the Assessment Office of any address changes to insure exemptions are applied to your current residence and for accurate mailing of tax bills.

The Assessment Office must be notified of any changes in asset and/or income status.

The preceding criteria are a guideline and may change at any time without prior notification. Also, additional criteria may be required for certain exemptions/credits.



Assessment Office
58 Opera House Square
Claremont, New Hampshire 03743
(603) 542-7004 fax (603) 542-7014
Hours: Monday through Friday, 9 AM to 5 PM

INCOME AND ASSET VERIFICATION FOR ELDERLY EXEMPTION

PLEASE PROVIDE THE FOLOWING INFORMATION:

Applicant Name: _____

Spouse Name: _____

Property Address: _____

Mailing Address: _____

Telephone Number: _____

Married Date of Marriage ___/___/___ Single/Widowed

Applicant's Date of Birth ___/___/___ Spouse's Date of Birth ___/___/___

Applicant has been a legal resident of New Hampshire since _____

Residence is owned: Solely , with Spouse , in Trust , with Others as Joint Tenants , with Others as Tenants in Common (If in Trust, you must provide a complete copy of all Trust documentation in order to determine eligibility.)

ANNUAL INCOME INFORMATION (Provide Documentation)

- 1. Gross Wages: \$ _____
- 2. Social Security \$ _____
- 3. Pension/Retirement: \$ _____
- 4. All Interest/Dividends: \$ _____
- 5. Rental Income: \$ _____
- 6. Other Income/Annuities: _____ \$ _____
- 7. Total Annual Income: \$ _____

8. Have you ever, or are you now, receiving any exemption from any community in New Hampshire or other state? Yes No
 (If yes, list community and state _____)
9. Have you filed a NH Interest & Dividends return? Yes No
 Have you filed a Federal IRS return for the most recent tax year? Yes No
 (If no, in what year was the last return filed? _____)

ASSET INFORMATION (Provide Documentation)

10. Value in Savings Accounts: \$ _____
11. Value in Checking Accounts: \$ _____
12. Stocks, Bonds, Mutual Funds: \$ _____
13. Certificates of Deposit, IRA/401K, Money Market, etc.: \$ _____
14. Vehicles, Boats, Tractors, Campers, RV's:
- Make/Model _____ Year _____ \$ _____
- Make/Model _____ Year _____ \$ _____
- Make/Model _____ Year _____ \$ _____
- Make/Model _____ Year _____ \$ _____
15. Personal Property: \$ _____
 (Estimate value of furniture, antiques or other collectibles, jewelry, furs, etc.)
16. Real Estate:
- Value of Primary Residence: \$ _____
- Mortgage Lender and Balance: _____ \$ _____

ALL OTHER REAL ESTATE OWNED IN NEW HAMPSHIRE

Town: _____ Value: \$ _____

Town: _____ Value: \$ _____

ALL OTHER REAL ESTATE OWNED OUTSIDE OF NEW HAMPSHIRE

Location: _____ Value: \$_____

Location: _____ Value: \$_____

Under the penalties of perjury, I hereby declare that the above statements are true, that I have been a resident of New Hampshire for the last five consecutive years preceding April 1st, and that the property on which the exemption is claimed is my residential real estate and principle place of residence.

I further authorize any agency or financial institution to release information about me or copies of my records to the Assessing Office of the City of Claremont, New Hampshire and release all persons whomsoever from any liability resulting from the release of this information.

SIGNATURE OF APPLICANT

DATE

RETURN COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO:

**City of Claremont, Office of the Assessor
58 Opera House Square
Claremont, NH 03743**

STATEMENT OF QUALIFICATION
For Property Tax Credit or Exemption Under
RSA 72:33, V
(to be submitted with Form PA-29)

WHO To be completed by property owners wishing to establish their status as holding equitable title/the beneficial interest owner of a trust, or holding a life estate in a property.

WHY Chapter 102, Laws of 1994 has made it possible for a property owners to put their property into a trust or life estate and still be eligible for the property tax credit or exemption for which they were qualified.

WHEN This completed form shall be submitted with the Permanent Application form PA-29 (RSA 72:33) for property tax credit or exemption, to the local assessing officials of the city or town in which such application is filed. The completed Form PA-33 becomes permanent document and does not need to be refilled unless the status of the trust or life estate is changed or altered.

(Please Print)

NAME: _____

MAILING ADDRESS: _____
(street or po box) (municipality) (state & zip code)

LOCATION OF PROPERTY: _____
(address) (municipality)

I am eligible for a property tax credit or exemption against the property for which a Permanent Application Form PA-29, has been made, and do qualify as the owner of the property under 72:29, VI based upon the following: (Please Check One)

equitable title holder, life estate or beneficial interest owner of a trust.
A copy of the Declaration of Trust, including a list of beneficiaries must accompany this statement.

life estate owner.
A copy of the deed showing the assigned ownership of the life estate must accompany this statement.

Explanation or additional details: _____

I certify, under the penalty of perjury, that information I have provided above is true and correct.

Signature of Applicant

Date