



City of Laconia, NH
Elderly Exemption Worksheet
Application for Tax Year _____

OFFICIAL USE ONLY

Parcel ID _____
EX Group Eld1 Eld2 Eld3
Income _____ Assets _____
Granted Denied
Reviewed by _____ Date _____

Deadline to apply: April 15th

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 no later than April 15th.

Applicant Name _____ Telephone # _____ Photo ID _____

Applicant Date of Birth _____ Email Address _____

Spouse Name _____ Telephone # _____ Photo ID _____

Spouse Date of Birth _____ Email Address _____

Mailing Address _____

Winter or Alternate Address _____

Marital Status (circle one) Married _____ # of years Single Divorced Widower

Property address of which exemption is sought _____

Property Type (circle one) Single Family Single Family w/apt Multi-Family (_____ # of units)

I own my property (circle one) Jointly In common Solely Revocable Trust Irrev. Trust Life Estate

I have been a legal resident of NH since _____ I have owned my property for _____ years.

List your primary residence/s for the last five (5) years _____

Is the applicant or spouse a trustee or beneficiary of any trust? YES NO If YES, complete below

TRUSTEE **BENEFICIARY** Name of Trustee/Beneficiary and Trust _____

Do you have a reverse mortgage or have you refinanced your home in the past year? YES NO
If YES, amount received this year \$ _____ Date Received _____

Will you be filing a federal income tax return this year? YES NO, if NO you must submit IRS 4506T Form

Will you be filing an interest and dividend tax return to the State of New Hampshire? YES NO

INCOME MAY NOT EXCEED \$30,000 INDIVIDUALLY, \$43,000 FOR A MARRIED COUPLE

I Receive:

| | <u>Applicant</u> | <u>Spouse</u> | <u>Documentation Needed</u> |
|---|--|---------------|--|
| | Total Annual | Total Annual | |
| <input checked="" type="checkbox"/> Social Security | <hr/> | <hr/> | SSA-1099 |
| <input type="checkbox"/> SSI (Supplement Security income) | <hr/> | <hr/> | Benefit Statement |
| <input type="checkbox"/> Pension/Retirement | <hr/> | <hr/> | 1099-R |
| <input type="checkbox"/> Pension/Retirement | <hr/> | <hr/> | 1099-R |
| <input type="checkbox"/> Veteran Benefits | <hr/> | <hr/> | VA Benefit Statement |
| <input type="checkbox"/> Employment/wages | <hr/> | <hr/> | W2 or 1099 |
| <input type="checkbox"/> Employment/wages | <hr/> | <hr/> | W2 or 1099 |
| <input type="checkbox"/> Rental Income | <hr/> | <hr/> | Lease & Tax Return |
| <input type="checkbox"/> Room & Board/Stipend | <hr/> | <hr/> | Statement from area agency |
| <input type="checkbox"/> Dividends | <hr/> | <hr/> | 1099-DIV |
| <input type="checkbox"/> Dividends | <hr/> | <hr/> | 1099-DIV |
| <input type="checkbox"/> Interest | <hr/> | <hr/> | 1099-INT |
| <input type="checkbox"/> Interest | <hr/> | <hr/> | 1099-INT |
| <input type="checkbox"/> Alimony/child support | <hr/> | <hr/> | Court order or statement |
| <input type="checkbox"/> Business/Self Employ Income | <hr/> | <hr/> | Complete Tax Return |
| <input type="checkbox"/> Disability Insurance | <hr/> | <hr/> | Benefit Statement |
| <input type="checkbox"/> Workers Compensation | <hr/> | <hr/> | Benefit Statement |
| <input type="checkbox"/> Unemployment benefits | <hr/> | <hr/> | 1099 |
| <input type="checkbox"/> Food Stamps | <hr/> | <hr/> | Benefit Statement DHHS |
| <input type="checkbox"/> Other Gov't Assistance | <hr/> | <hr/> | Benefit Statement DHHS |
| <input type="checkbox"/> Housing Authority Payments | <hr/> | <hr/> | 1099 |
| <input type="checkbox"/> Trust Income | <hr/> | <hr/> | 1099 or Statement |
| <input type="checkbox"/> Royalties | <hr/> | <hr/> | 1099 |
| <input type="checkbox"/> Other income | <hr/> | <hr/> | as applicable |
| TOTALS | | + | |

ASSETS MAY NOT EXCEED \$85,0000 NOT INCLUDING YOUR PRIMARY RESIDENCE UP TO 2 ACRES

I Have:



| | <u>Bank/Company</u> | <u>Applicant</u> | <u>Spouse</u> | <u>Documentation Needed</u> |
|----------------------|---------------------|------------------|---------------|-----------------------------|
| | <u>Acct #</u> | Total Annual | Total Annual | |
| Checking Acct | | | | |
| Checking Acct | | | | |
| Savings Acct | | | | |
| Savings Acct | | | | |
| Money Market Acct | | | | |
| IRA | | | | |
| IRA | | | | |
| Certificate of Dep | | | | |
| Certificate of Dep | | | | |
| Stocks | | | | |
| Savings Bonds | | | | |
| Annuity | | | | |
| Mutual Funds | | | | |
| Shares | | | | |
| Whole Life Insurance | | | | STATEMENT OF CASH VALUE |
| Other | | | | |
| Other | | | | AS APPLICABLE |

Estimated value of household goods-appliances, furniture, yard equipment, etc. _____

Estimated value of personal items - jewelry, furs, coins, art, antiques, collectibles, etc. _____

Estimated value of business equipment: \$ _____ Description of equipment: _____

VEHICLES (Includes Cars, Trucks, Motorcycles, Boats, Camper, RV's, Recreational

Mileage YR/Make/Model

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

REGISTRATION
LOAN STATEMENT
IF LOAN EXISTS

REAL ESTATE (In the applicant or spouse's name(s) EXCLUDE PRIMARY RESIDENCE (Up to 2 acres)

Includes other homes, excess land, add'l living units, timeshares, camp sites etc...

TYPE ADDRESS OWNED BY:

| | | |
|---------------|---------------|---|
| _____ | _____ | TAX BILL & LOAN STATEMENT SHOWING BALANCE |
| _____ | _____ | |
| _____ | _____ | |
| TOTALS | _____ + _____ | |

AFFIDAVIT

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

Applicant Spouse

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

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

I certify that I have been a resident of NH for 3 consecutive years as of April 1st in the year I am applying for this 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 NH 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 to notify the Assessing Department.

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

If I relocate within the City of Laconia, 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 a TRUST, I will have to provide a copy of my trust to determine eligibility of the credit or exemption.

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

After my personal documents are reviewed by the Assessing Department for purposes of verifying my eligibility to receive the tax exemption, I would like said documents:

Shredded

Be called to pick up

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.

Signature of Applicant

Date

Signature of Spouse

Date