

## ELDERLY TAX EXEMPTION

Sandwich offers the following Elderly Tax Exemption to qualified applicants (subject to income and asset limits):

<u>Age</u>	<u>Exemption</u>
65-74 years of age	\$20,000 exemption (deduction from assessed value)
75-79 years of age	\$30,000 exemption (deduction from assessed value)
80+ years of age	\$50,000 exemption (deduction from assessed value)

Income and asset limits for the Elderly Tax Exemption:

	<u>Single</u>	<u>Married</u>
Income Limit:	\$25,000	\$35,000
Asset Limit:	\$80,000	\$80,000

## **ELDERLY TAX EXEMPTION QUALIFICATION WORKSHEET**

RSA 72:22, VI allows Selectmen to require those receiving tax exemptions or credits to re-file their qualifying information periodically but no more frequently than annually. Failure to do so may, at the discretion of the Selectmen, result in a loss of the tax exemption or credit for that year.

This worksheet is to be completed and submitted along with completed Form PA-29 (Permanent Application for Property Tax Credit/Exemptions). All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application.

If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA-33 (Statement of Qualification) **and** submit a copy of the deed showing the assigned ownership of the life estate **or** a copy of the Declaration of Trust, including a list of beneficiaries.

Please print all information clearly:

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of NH Residency: \_\_\_\_\_

1) **INCOME**

Please list the source and amount of all income for 2023 for both you and your spouse.

<u>SOURCE:</u> (Net income)	<u>APPLICANT</u>	<u>SPOUSE</u>
Social Security:	\$ _____	\$ _____
Pension and Retirement:	\$ _____	\$ _____
Wages:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Other Income / Annuities:	\$ _____	\$ _____
Interest Income:	\$ _____	\$ _____
<b>TOTAL INCOME:</b>	<b>\$ _____</b>	<b>\$ _____</b>

If you have filed any of the following for 2023, please provide a copy.

- A. Interest and Dividend tax return to the State of NH
- B. Federal Income Tax Form

Check here if you or your spouse was not required to file a Federal Income Tax return:

- Applicant     Applicant's Spouse

2) **ASSETS:**

Please list all assets owned by you and/or your spouse including Checking and Savings Accounts, Investments/Certificates, CDs, Stocks and Bonds, IRAs, Annuities, Travel Trailers, Boats, Antiques, Cars, etc.

<u>A. ACCOUNTS: INSTITUTION NAME</u>	<u>TYPE</u>	<u>VALUE / AMOUNT</u>
_____	Checking	_____
_____	Checking	_____
_____	Savings	_____
_____	Savings	_____
_____	IRA	_____
_____	Other	_____

**ASSETS (cont):**

**B. VEHICLES:**

- 1. Make / Model / Year / Mileage \_\_\_\_\_  
Est. Value \$ \_\_\_\_\_
- 2. Make / Model / Year / Mileage \_\_\_\_\_  
Est. Value \$ \_\_\_\_\_
- 3. Boat / Model / Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- 4. RV / Model / Year \_\_\_\_\_ Est. Value \$ \_\_\_\_\_
- 5. Other / Description \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

**C. REAL ESTATE:** not including your primary residence and the land on which it is located up to 2.25 acres.

Property Type \_\_\_\_\_ In Town/State \_\_\_\_\_  
\*\*Provide copy of property tax bill  
Est. Value \$ \_\_\_\_\_

**TOTAL VALUE OF ALL ASSETS (A+B+C) \$ \_\_\_\_\_**

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 Sandwich**. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE RETURN THIS QUESTIONNAIRE BY APRIL 15<sup>TH</sup>.**

This questionnaire will be kept confidential except that the Commissioner of the Department of Revenue Administration or his Designee shall have access to it during the department's five-year assessment review of accessing practices (RSA 21-J:11-a).