



Assessor's Office
One City Hall Plaza
Manchester, NH 03101
Tel.: (603) 624-6520 Fax: (603) 628-6288
www.manchesterNH.gov/assessors

2020 Elderly Property Owners Exemption

Optional Exemption RSA 72:27-a for the Elderly, RSA 72:39-b

******Applications accepted after January 1st, 2020 - Filing deadline is April 15, 2020******

PLEASE CALL TO SCHEDULE AN APPOINTMENT – FOR REVIEW OF APPLICATION

Upon approval of qualifications for the elderly exemption the water & sewer departments will **automatically be notified.**

To qualify you must be: 65 years of age - and Owner of record on or before April 1, 2020

- A resident of NH for **3 consecutive years** on or before April 1, 2020
- Married couples must have been married for **5 consecutive years** on or before April 1, 2020
- Property where exemption is claimed must be the applicants principal place of abode, to the exclusion of all others.
- If applicant received a transfer of real estate from a person under the age of 65; related to him by blood or marriage, within the preceding 5 years, no exemption shall be allowed - RSA 72:40a, limitations

TOTAL INCOME from all sources including any retirement income and Social Security:

- **Single** person cannot exceed **\$37,000** per year - **Married** couples cannot exceed **\$50,000** per year

TOTAL ASSETS (at date of application) *excluding the value of your dwelling unit:*

- **Single** person cannot exceed **\$90,000** - **Married** couple cannot exceed **\$115,000**
- Include all personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Checking and Savings account balances.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, life insurance policies, money market etc.
- Any other real estate owned anywhere (individually, jointly, in common, fractional) including land, mobile homes, condos, timeshares etc. Supporting documents must be supplied.
- Other assets tangible or intangible less any good faith encumbrance.

All Income & Assets must be verified with the proper documentation:

- 2019 Federal income tax return including all W2's, 1099's, etc.
- 2019 Form SSA 1099 - Social Security Benefit Statement
- 2019 VA benefits statements
- 2019 State Interest and Dividends Tax Forms
- Bank Statements – the most current 3 months (full copies) for all checking and savings accounts
- Current statements (full copies) for CD, IRA, 401K, stocks and/or bonds, Money Markes, Current surrender value of life insurance policies, etc
- Property Tax Inventory Forms filed in any *other* town
- Copy of your Trust and Trust Amendments. (Attorney's affidavit may be required annually)
- Drivers license **or** birth certificate
- Current mortgage statement if you own more than a single family home.
- Documentation of any Fuel, Food Stamps, Rental Income, or any Assistance from Others.

If you qualify - exemption will be according to age and percentage of ownership RSA 72:41 Proration

- 65 – 74 years of age are allowed **\$109,500** assessed value deducted from total assessed value
- 75 – 79 years of age are allowed **\$148,500** assessed value deducted from total assessed value
- 80 + years of age are allowed **\$195,500** assessed value deducted from total assessed value

Revised 05/09/19

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CITY OF MANCHESTER

Elderly Exemption Application – Tax Year 2020

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a
Applications accepted after January 1, 2020 - **Filing deadline is APRIL 15, 2020**

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Note: All supporting documents we copy are shredded after application is finalized.

You can purchase them for .50 cents per copy. Shred: Yes or No _____

Map/Lot _____ Account No. _____ Applying for: Elderly Exemption
(Applicant)

Owner Name _____ Owner Date of Birth _____

Co-Owner /Spouse _____ Date of Birth _____
(Name)

All additional Owners on deed _____ , _____
*Relationship _____

Address _____ Married __ Single__ Widow__ Divorced__
City/State/Zip _____ If married, how many years? _____

Telephone Number _____ Cell phone Number _____

NH Resident Since _____ Prior address if less than 5 years _____

Life Estate or Trust Name* _____ PA-33 must be completed with a full copy of trust

Please indicate type of residence: Condo _____ Single Fmly _____ Multi Fmly # of units' _____

If you own a multi family, do you have a mortgage Y/N _____ **Current Mortgage Balance \$** _____

- ◆ **Are you receiving a deduction or exemption from any other City or Town?** YES _____ NO _____
- **What is your primary place of abode?** _____

INCOME INFORMATION: For the Period of JANUARY 1 TO DECEMBER 31, 2019

Please attach additional sheets if necessary and if any of the following categories do not apply please write N/A.

Supporting Documents MUST be put in order of numbers and submitted with this application.

	Owner	Co-Owner (Spouse)
1. Social Security \$ (Gross, annual)	_____	_____
2. Sos. Sec. Disability Income (Title II or Title XVI)	_____	_____
3. VA Benefits (Pension/Disability Income)	_____	_____
4. Wages, Salaries, Tips (Gross)	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____
5. Pensions/Annuities/401k/IRA	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____

6. All Interest Income Acct Name and # _____ Amount _____
- Acct Name and # _____ Amount _____
 - Acct Name and # _____ Amount _____
 - Acct Name and # _____ Amount _____
7. All Dividend Income - Acct Name and # _____ Amount _____
- Acct Name and # _____ Amount _____
 - Acct Name and # _____ Amount _____
8. Real Estate Rental Income Annual Amount _____
9. 2019 Fuel Assistance \$ _____ Food Stamps \$ _____, Gambling or lottery \$ _____

10. Is anyone (other than a spouse or co-owner) living with you? Yes _____ No _____
 If Yes, please list amount of assistance, bills, or rent paid annually Total amount \$ _____
Additional Comments: (attach additional sheets if necessary) _____

➤ **Total 2019 Income:** \$ _____

CURRENT ASSET INFORMATION (with verifying documents) : As of the DATE of this Application

Please attach additional sheets if necessary and if any of the following categories do not apply please write N/A.

11. **Other Real Estate or Land:** _____
 (Street Address, City/Town, State) (Please attach copy of property tax bill.)

Do you own (individually, jointly, in common, fractional, etc.) any other real estate anywhere including homes, land, mobile homes or time shares Y _____ N _____

12. **Other Personal Property/Collections:** _____
 (Description) (Value)

13. **Vehicle 1:** Make _____, Model _____, Year _____, Miles _____ Value _____
Vehicle 2: Make _____, Model _____, Year _____, Miles _____ Value _____
Vehicle 3: Make _____, Model _____, Year _____, Miles _____ Value _____

14. Please attach full copies of 3 months/or quarterly or annual statements of all Assets:

Checking Account #	Bank Name	Name(s) on account	Balance

Savings Account #	Bank Name	Name(s) on account	Balance

Credit Union Account #	Credit Union Name	Name(s) on Account	Balance

CD Account #	Bank/ Institution Name	Name(s) on Account	Balance

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401K / I.R.A. Account #	Bank / Institution Name	Name(s) on Account	Balance

Money Market Account #	Bank / Institution Name	Name(s) on Account	Balance

Stocks/Bonds Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Annuities Account #	Bank / Institution Name	Name(s) on Account	Cash out Value

Mutual Funds Account #	Bank / Institution Name	Name(s) on Account	Balance

Life Insurance Policies #	Bank / Institution Name	Name on Account	Cash out Value

15. Other Assets: _____ \$ _____

Total Current Assets: \$ _____

I/We, the undersigned, under penalty of perjury, agree to inform within 30 days any change in household circumstances (Income or Assets) to the City of Manchester, Assessors Department. I agree repay the City of Manchester, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information will result in the denial of exemption. Initials: _____ Initials _____

I/We, the undersigned authorize any lawyer, banking/lending/financial institution, employer/former employer, utility co. insurance co. Internal Revenue Service, tax preparer/accountant, any town, city, county, state or federal department, or any person, company, organization or agency to release all information concerning my/our financial circumstances to the City of Manchester, NH Assessors Department. Initials: _____ Initials _____

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

Owner Signature

Date

Co-Owner Signature

Date

The City will not release or discuss your information with any party without your express written permission.

Check here if you would like us to discuss your application with a friend, family member or caregiver.

Name of that person, relationship _____ Phone# _____

Name of that person, relationship _____ Phone # _____

Signature _____ Date _____

For the Assessing Office Only

Multi Family Asset

Number of units _____

Total assessed value \$ _____

Total assessed land value \$ _____

Total assessed building value \$ _____

Mortgage amount \$ _____

Application Taken By: _____

Date _____

Do the taxpayers need a mortgage letter _____

**Note: All documents we copy of your financial statements are shredded after application is finalized;
You can purchase them for .50 cents per copy. Shred Y/N _____**

Comments on Application _____

Approved _____ **Denied** _____ **Date** _____