



Assessor's Office
One City Hall Plaza
Manchester, NH 03101
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www.manchesterNH.gov/assessors

2016 Disabled Property Owners Exemption

Optional Exemption RSA 72:27-a for the Disabled, RSA 72:37-b

*****Applications accepted after January 1, 2016 - Filing deadline is April 15, 2016*****

PLEASE CALL TO SCHEDULE AN APPOINTMENT – FOR REVIEW OF APPLICATION

To qualify you must be:

- The owner of record on or before April 1, 2016
- A resident of NH for 5 consecutive years on or before April 1, 2016
- If real estate is owned by a spouse, they must have been married for 5 consecutive years on or before April 1, 2016
- Must be (or have been) receiving Title II or Title XVI Social Security Disability (Social Security Disability benefits convert to retirement benefits at age 65.)
- Property where exemption is claimed must be the applicants principle place of abode to the exclusion of all others.

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 allowed assets (at the date of application, or April 1st if requalifying)

\$90,000 single person and **\$115,000** for married couple - *excluding the value of your dwelling unit:*

- 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.
- Other assets tangible or intangible, less any good faith encumbrance.

You must provide the following (if applicable):

- 2015 Form SSA 1099 – Social Security Benefit Statement
- 2015 Federal income tax return including all W2's, 1099's, etc.
- 2015 VA benefits statements
- 2015 State Interest and Dividends Tax Forms
- Bank Statements -current 3 months (full copies) for all checking and savings accounts
- Current statements for CD, IRA, 401K, stocks and/or bonds, surrender value of life insurance policies, money market, etc (full copies)
- 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 Alimony, Child Support, Fuel, Electric, Rental, and Assistance from others.

If you qualify your exemption will be:

- Yearly exemption in the amount of **\$109,500** of assessment deducted from your total assessed value, or a percentage of that amount relating to the percent of ownership. *RSA 72:41 Proration*

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CITY OF MANCHESTER

Disabled Exemption Application - Tax Year 2016

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:33

*****Applications accepted after January 1, 2016 - Filing deadline is April 15, 2016*****

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Map/Lot _____ Account No. _____ Applying for: Disabled 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* (if any) _____ Please indicate type of residence:
PA-33 must be completed with a full copy of the Trust Single _____ Multi # of units' _____
 E-mail _____

If you own a multi family, do you have a mortgage Y/N _____ Mortgage amount balance\$ _____

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

TOTAL INCOME INFORMATION: JANUARY 1 TO DECEMBER 31, 2015

(Please attach additional sheets if necessary)

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

If any of the following categories do not apply to YOU, please write N/A in that space.

	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. Short Term/Long Term Disability Income	_____	_____
5. Wages, Salaries, Tips (Gross)	_____	_____
•	_____	_____
•	_____	_____
6. Pensions/Annuities/401k	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____

7. All Interest Income Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____

8. All Dividend Income - Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____
 • Acct Name and # _____ Amount _____

9. Real Estate Rental Income _____ Annual Amount _____

10. Fuel or Electric Assistance \$ _____ Alimony \$ _____ gambling etc. \$ _____ Amt _____

11. 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 amt _____
 Additional Comments:(attach additional sheets if necessary) _____

◆ **Total Income:**\$ _____

TOTAL ASSETS: as of the Date of this Application (Please attach additional sheets if necessary)

12. **Other Real Estate:** _____
 (Street Address) (Market Value) (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 _____

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

14. **Other Personal Prop** _____ **Lot of land** _____
 (Description) (Value) (Description) (Value)

15. Please attach current full copies of 3 months/or quarterly statements on all accounts

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

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 _____

Would you like to pickup your financial statements after we are done _____ or can we shred them? _____

Comments on Application _____

Approved _____ Denied _____ Date _____