

TOWN OF HOOKSETT

Municipal Building

35 Main Street

Hooksett, New Hampshire 03106-1397

485-8472 Administration
268-0003 Assessing
485-4117 Building
485-4117 Code Enforcement
485-8769 Family Services
485-4423 Fax
485-2017 Finance
268-0279 Planning
485-9534 Tax Collector
485-9534 Town Clerk
485-8472 Town Council
286-0279 Zoning

ELDERLY EXEMPTION

RSA72:33, VI allows Assessing Officials to require those receiving tax Exemptions or credits to re-file their qualifying information periodically but no more frequently than annually. Failure to file such periodic statement may, at the discretion of the Assessing Officials, result in loss of the exemption or tax credit for that year.

Those applying for the exemption must reside at property where exemption is claimed and qualify by meeting the following guidelines by the deadline of **April 15th**.

The person must have been a New Hampshire resident for at least **THREE (3) YEARS** preceding **April 1^s** in which the exemptions claimed own the real estate individually or jointly, or if the real estate is owned by such person's spouse, they must have been married for at least **five (5) years**. The taxpayer must have a single income of no more than \$40,000, or if married a combined income of not more than \$52,500.00. Net income as stated in RSA72:39a shall be determined by deducting from all moneys received, from any source including social security or pension payments, the amount of any of the following or sum thereof:

1. Life insurance paid on the death of an insured;
2. Expenses and costs incurred in the course of conducting a business enterprise;
3. Proceeds from the sale of assets.

Total assets requirements of \$250,000.00 excluding the value of your home:

Include all personal property such as cars, antiques, furniture, jewelry, savings & checking accounts, stock and bonds.

Other assets tangible or intangible less any indebtedness

Real Estate other than your home/must provide tax bill

The following must be provided in order for you to apply:

Statement of applicant and spouse's income

Federal income tax for (if applicable) for **(2019)**

State interest and dividends tax form for **(2019)**

Statement of Social Security Benefits for **(2020)**

If granted an exemption, amounts are as follows:

Persons 65 years old to 74 years old: **\$68,800.00**

Persons 75 years old to 79 years old: **\$96,300.00**

Persons 80 years old and older: **\$123,800.00**

All documents are considered confidential. Due to the requirements for the application process, this will BE BY APPOINTMENT ONLY.

For an appointment and any further questions please call 603 268-0003

Assessing Department

**TOWN OF HOOKSETT
ELDERLY & DISABLED EXEMPTION APPLICATION**

**TOWN OF HOOKSETT
ELDERLY & DISABLED EXEMPTION APPLICATION**

1. Applicant's Name: _____

2. Property Location (Address) _____

3. Married _____ Single _____ Telephone number _____

4. Residence Owned: Solely _____ With Spouse _____ With Other _____

5. Date of Birth: Self _____ Spouse _____

6. I have been a Resident of NH at least 3 yrs. Preceding April 1st. Yes _____ No _____

INCOME INFORMATION

ENTER ANNUAL AMOUNTS RECEIVED

	<u>SELF</u>	<u>SPOUSE</u>
8. Social Security Income:	_____	_____
9. Pensions & Retirements:	_____	_____
10. Wages:	_____	_____
11. Rental Income:	_____	_____
12. Interest & Dividends	_____	_____
13. Other: VA Pension Workman's Comp, Etc:	_____	_____
14. Total Income (8 thru 13)	_____	_____

Are you required to File IRS form 1040: Yes _____ No _____

Are you required to file State of NH

Interest and Dividend Tax Forms Yes _____ No _____

(If yes a copy must be submitted)

ASSET INFORMATION

All information should be current on owner and co-owner.

REAL ESTATE: (not including your primary residence and up to 2 acres of land)

PropertyType_____Address/City/State_____

Est. value: \$_____

Market Value_____

Vehicle: Make/Model/Year _____Value_____

Vehicle: Make/Model/Year _____Value_____

LIST ALL BANKING RESOURCES AND ATTACH COPIES:

SELF

SPOUSE

Checking Account(s) _____

Savings Account(s) _____

CD(s) _____

IRA(s) _____

Stock(s) _____

Bond(s) _____

Other Asset(s) _____

(ATTACH LIST OF ALL ASSETS SUCH AS NOT LIMITED TO TRAVEL TRAILERS, BOATS, ANTIQUES, CARS ETC.)

TOTAL OF ALL ASSETS: \$ _____ \$ _____

Under penalty of perjury, I/we certify that the information provided in this Income and Asset Statement is true to the best of my/our knowledge.

OWNER SIGNATURE DATE

CO-OWNER SIGNATURE DATE