

TOWN OF SANDOWN 2024 ELDERLY EXEMPTION

APPLICATION & INSTRUCTIONS

Deadline to file is April 15, 2024

The attached application and Form PA-29 (when applicable) must be submitted, along with any documents required, before any award is granted. Please call the Assessing Office at (603) 887-8392 to make an Application Review appointment.

- 1.) If you are applying for the first time, or re-applying, the filing period starts in January, once you have received all of your 2023 year-end statements and forms from all of your income sources and financial institutions.
- 2.) For married/civil union couples applying, at least one must be 65 years old by April 1st.
- 3.) The applicant must be a New Hampshire resident for at least 3 years as of April 1st.
- 4.) The applicant must have owned the residence as of April 1st, either individually or jointly. If the spouse of the applicant owns the residence, the couple must have been married/in civil union for at least 5 years.
- 5.) If the applicant received a transfer of real estate from a person under the age of 65, related by blood or marriage, within the preceding 5 years, no exemption is allowed per RSA 72:40-a, "Limitations."
- 6.) Income and Asset Limits:
 - a.) Single, Widowed, or Divorced: not more than \$50,000 Gross per year;
 - b.) Married or Civil Union: not more than \$100,000 Gross per year;
 - c.) Assets (not including your residence*): not more than \$200,000

* - If your residence is a 2-Family or more, only the portion that is the applicant's residence is excluded from the asset limit. The remaining portion of the multi-unit property is considered an asset.
- 7.) Applicants meeting all Statute requirements may receive the exemption, based on age:
 - a.) Ages 65 -74 Years of Age \$110,000 Assessment Reduction
 - b.) Ages 75-79 Years of Age \$130,000 Assessment Reduction
 - c.) Ages 80 Years of Age and older \$150,000 Assessment Reduction
- 8.) If your property is held in a Trust or Life Estate at the time of application, Form PA-33 "Statement of Qualification for Property Tax Credit or Exemption" must be filed, with either the Certification of Trust or Trust document for Trust properties; or a copy of the deed showing Life Estate.
- 9.) If you transfer your property to a Trust or Life Estate after you have qualified for the Elderly Exemption, the Form PA-33, with the either Certification of Trust or Trust Document or Life Estate deed must be filed with the Assessing Office. The Assessing Office will send a letter requesting this information.
- 10.) The Assessing Office annually reviews Elderly Exemption applicants, and may periodically ask for you to requalify. If you receive a letter informing you that your exemption is being reviewed, you must return the application package by the deadline stated so that we can determine if you still qualify. Failure and/or refusal to provide all the requested documents, such as statements, trust documents, etc., are grounds for denial and removal of the exemption.
- 11.) Should you no longer qualify due to changes in any of the items below, you are obligated, by law, to inform the Assessing Office, as soon as the change occurs:
 - a.) Income above the limit amounts;
 - b.) Assets above the limit amount;
 - c.) Moved your primary residence, whether within the Town of Sandown or not;
 - d.) Sold the property.

If you have any additional questions or need further information, please call the Assessing Office during business hours of Monday 8 am -7 pm Tuesday through Thursday, 8am to 4 pm at (603) 887-8392 or call the Selectmen's Office at 887-3646.

INCOME INFORMATION

For the year beginning January 1 and ending December 31, 2023

If any of the following categories do not apply to your situation, please write "NA" in that space.

Please provide a copy of the document verifying the amount received. (SS Statement, Award Letter, W-2, 1099, etc.)

	Owner #1	Owner #2
Social Security Income	_____	_____
Social Security Disability Income (Title II or Title XVI)	_____	_____
VA Disability Income	_____	_____
SSI Income for Dependents	_____	_____
Wages, Salaries, Tips or Self - Employment	_____	_____
Pensions	_____	_____
Interest and/or Dividend Income (all sources)	_____	_____
Real Estate Rental Income	_____	_____
Other Income <i>(including but not limited to distributions, annuities, unemployment, gambling or lottery winnings, family support, etc.)</i>	_____	_____
	_____	_____

Does anyone (other than your spouse) live with you?
(please circle one)

YES

NO

If yes, please give the amount that person contributed to the household for
rent, bills or other payments.

TOTAL INCOME

\$ _____

ASSET INFORMATION

As of the date of this Application

Do you own (individually, jointly, in common or fractionally) any other real estate anywhere, including homes, land, mobile homes or time shares? YES NO *(please circle one)*

If yes, please submit a copy of the most recent tax bill for the property, and provide the following information.

Other Real Estate	Address	Market Value	Annual Taxes
Property #1	_____	_____	_____
Property #2	_____	_____	_____

Please provide the following information for any vehicle you may own, including cars, trucks, trailers, boats, RV's, motorcycles, etc.

	Year	Make	Model	Mileage	Value
Vehicle #1	_____	_____	_____	_____	_____
Vehicle #2	_____	_____	_____	_____	_____
Vehicle #3	_____	_____	_____	_____	_____

Banking Resources

Please list all accounts from all financial institutions, and include a copy of your December statement with ALL pages.

Checking Account	Bank Name	Balance	Document Date
		\$	
		\$	
Savings Account	Bank Name	Balance	Document Date
		\$	
		\$	
Certificate of Deposit	Bank Name	Balance	Document Date
		\$	
		\$	
IRA Account	Bank Name	Balance	Document Date
		\$	
		\$	
Money Market	Bank Name	Balance	Document Date
		\$	
		\$	
Stocks/Bonds/Annuities	Company/Institution Name	Balance	Document Date
		\$	
		\$	
Other Accounts not shown above	Company/Institution Name	Balance	Document Date
		\$	
		\$	
Cash Value of Life Insurance Policies			
Cash on Hand, Antiques, Jewelry, etc.			

TOTAL ASSETS \$ _____

SIGNATURES AND VERIFICATIONS

The following items must be submitted with this application:

1.) Federal Income Tax Return, including all W-2's, 1099's, any Schedules, or other attachments.*

* If you no longer file a Federal Income Tax Return, what was the last year you filed? _____

2.) State Interest and Dividends Form.

3.) Property Tax Inventory Form filed in any other Town.

4.) One entire bank statement as of December for each bank account (all pages).

5.) Proof of income, such as Social Security statements, Pension documents, receipts, etc.

6.) Copy of birth certificate, or valid ID verifying birth date, for both the applicant, and spouse as appropriate.

7.) End-of-year IRA and/or investment statement(s) showing full amount of investment.

8.) Any other document as required by the Assessing Office to determine eligibility.

INCOME AND ASSETS DISCLOSED BY THE APPLICANT(S) ON THIS STATEMENT WILL BE VERIFIED THROUGH ALL AVAILABLE RESOURCES TO THE TOWN OF SANDOWN AND THE ASSESSING DEPARTMENT.

I swear, under the penalty of perjury, that the information provided in this application is a correct and accurate accounting of my/our financial condition to the best of my/our knowledge.

Owner Signature

Date

Owner Signature

Date

Any documents submitted are considered confidential and all original documents will be returned to the applicant at the time the application is submitted. Copies of any original documents will be made to determine if the applicant is qualified for the Exemption. Please choose an option below for the handling of copies after a decision has been made.

Copies are to be: **Returned** **Shredded**
(Please select one)

If the applicant wishes to have the copies returned, a stamped, self-addressed envelope is required with this statement.

FOR OFFICE USE ONLY BELOW THIS LINE

DATE RECEIVED _____

RECEIVED BY _____

NOTES/COMMENTS: _____

NAME: _____
MAP/LOT: _____
ADDRESS: _____

ELDERLY EXEMPTION CERTIFICATION AFFIDAVIT

To be read and acknowledged by the Applicant:

I hereby certify that the Elderly Exemption application with financial documentation submitted to the Town of Sandown Assessing Office for the Elderly Exemption is complete, true and correct.

I certify under penalty of perjury that the property is owned by:

1. A legal resident of the State of New Hampshire for at least 3 consecutive years prior to April 1st of the year the exemption is claimed.
- 2.) A legal resident of the State of New Hampshire who is at least 65 years of age as of April 1st in the year that the exemption is claimed.

Additional requirements for this exemption shall be that the property is

- Owned by a Town of Sandown resident, or
- Owned by a Town of Sandown resident jointly or in common with the residents' spouse, either of whom meets the age requirement for the exemption claimed, and they have been married to each other for 5 consecutive years prior to April 1st of the year the exemption is claimed.
- Owned by a Town of Sandown resident jointly or in common with the residents' spouse, either of whom is 65 years of age or older as of April 1st in the year in which applying, or
- Owned by a Town of Sandown resident, or residents spouse, either of whom meets the age requirements for the exemption claimed as of April 1st in the year in which the exemption is claimed.
- A Sandown resident owning a beneficial interest or having a life estate.

I hereby attest that _____ is my primary address.
(property address)

I am not receiving any other Exemption or Credit in any other community within New Hampshire, and I am not receiving similar benefits in another state, such as the Florida Homestead Exemption.

Please be aware:

- 1.) The Elderly Exemption cannot be claimed in more than one community within New Hampshire or if you are receiving similar benefits in another state, such as the Florida Homestead Exemption.
- 2.) If your income or asset level changes and if there is a possibility that you no longer qualify for the exemption, you are obligated by law to inform the Town of Sandown Assessing Office.
- 3.) If you relocate within the Town of Sandown, you MUST file an amended permanent application with the Sandown Assessing Office for the exemption to be transferred to the new property. It is the recipients responsibility to notify the Town of Sandown of this relocation.
- 4.) If your marital status changes, you must notify the Town of Sandown Assessing Office.

A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of their official function, that person 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, per RSA 641:3, II, (a) (b) (d) (supp.)

I/we have read the above statements and fully certify that I/we understand them. Any misrepresentation may result in court action for recovery.

Signature of Applicant 1: _____ Date _____

Applicant 1: (print name) _____

Signature of Applicant 2: _____ Date _____

Applicant 2: (print name) _____