



Town of New Boston  
Office of the Selectmen  
PO Box 250  
7 Meetinghouse Hill Road  
New Boston, NH 03070

## **ELDERLY TAX EXEMPTION QUALIFICATION**

Dear Property Owner:

Every year, this office must verify that all recipients of any tax exemption based upon income and asset qualifications are still eligible to receive it.

Enclosed, is a worksheet to be completed and submitted to Selectmen's Office by **April 15<sup>th</sup>** of each year. *All information supplied will be treated confidentially and all supporting documents will be returned upon approval or denial of the application.*

The Elderly Exemption amounts are as follows:

<b>65-74 years -</b>	<b>\$119,000</b>
<b>75-79 years -</b>	<b>\$163,500</b>
<b>80 +</b>	<b>\$238,000</b>

The income and asset amounts are as follows:

<b>NET INCOME LIMITS:</b>	<b>Single \$37,000</b>	<b>Married \$47,000</b>
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<b>ASSET LIMITS*:</b>	<b>Single \$94,500</b>	<b>Married \$94,500</b>
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**\*Please note that any land over 2 acres (the minimum zoning requirement) MUST be considered an asset.**

If you hold a life estate in a property or your property is held in 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 **if we do not already have one on file.**

You may call and request this form PA 33 at any time, it does not need to be filed or verified annually.

If you have any questions or need assistance with the forms, please feel free to contact Ann Charbonneau at 603-487-2500x171 or Maralyn Segien at 487-2500 X160.

Regards,

Maralyn Segien, Assessing Clerk

Please print all information clearly:

Applicant's Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Property Assessment: (from the property assessment card, enclosed)

Land \_\_\_\_\_

Building \_\_\_\_\_

\_\_\_\_\_

Features \_\_\_\_\_

Total \_\_\_\_\_

Map & Lot # \_\_\_\_\_

Please **provide proof** of all income and assets\*by submitting copies of necessary and supporting documents, **including copies of last year's Federal income tax return, Social Security and/or pension statements, dividends from stocks and bonds and/or life insurance, checking and/or savings account statements.** These documents will be treated in a confidential manner and returned to you.

\*Please note that any land over 2 acres (the minimum zoning requirement) **MUST** be considered an asset.

**SECTION 1**  
**PLEASE COMPLETE THE FOLLOWING QUESTIONS**  
(All documents are considered confidential)

1. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Marital Status \_\_\_\_Married \_\_\_\_Single
3. I have been a New Hampshire resident since \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. TOTAL YEARLY INCOME:**

- a. Yearly pension(s) **not social security** (provide copies)  
\$ \_\_\_\_\_
- b. Social Security (copy of Social Security statement) \$ \_\_\_\_\_
- c. All interest received (bank accts., etc.) (provide copies)  
\$ \_\_\_\_\_
- d. Proceeds from the sale of assets (provide copies) \$ \_\_\_\_\_
- e. Expenses and costs incurred in the course of  
conducting a business enterprise  
\$ \_\_\_\_\_
- f. Life insurance payment(s) received  
\$ \_\_\_\_\_
- g. All dividends received (stocks, bonds, etc. – provide copies)  
\$ \_\_\_\_\_
- h. All salary income  
\$ \_\_\_\_\_
- i. All rental income received  
\$ \_\_\_\_\_
- j. Other income not listed  
\$ \_\_\_\_\_

**TOTAL NET INCOME (Excluding d,e,& f)**  
\$ \_\_\_\_\_

**SECTION 2**  
**APPLICANTS TOTAL ASSETS**

1. Do you own any real estate outside the Town of New Boston?  
\_\_\_\_yes \_\_\_\_no if yes, please attach real estate tax bill.
2. Do you own any other real estate in New Boston?  
\_\_\_\_yes \_\_\_\_no if yes, provide Map/Lot #\_\_\_\_\_  
Assessed Value \$\_\_\_\_\_
3. Do you own land in excess of 2 acres in New Boston?  
\_\_\_\_yes \_\_\_\_no if yes, \_\_\_\_\_#of acres \$\_\_\_\_\_value of land
4. Estimated market value of your vehicle(s) & equipment. \$\_\_\_\_\_
5. Market value of stocks, bond, mutual funds, etc. \$\_\_\_\_\_
6. Total value of IRA account. \$\_\_\_\_\_
7. Current checking account balance. \$\_\_\_\_\_
8. Current savings account balance. \$\_\_\_\_\_
9. Total Assets. \$\_\_\_\_\_

**SECTION 3**  
**GENERAL INFORMATION**

1. Have you ever received any elderly exemption from any other community in New Hampshire or other state(s)  
\_\_\_\_\_yes \_\_\_\_\_no
2. If yes, give name of community giving exemption  
\_\_\_\_\_
3. A copy of your federal I.R.S. form must accompany your application.
4. If you have not filed an I.R.S. form, when was the last year you filed?  
\_\_\_\_\_
5. Have you filed a State of New Hampshire Interest & Dividends Tax Form?  
\_\_\_\_\_yes \_\_\_\_\_no

**UNDER THE PENALTIES OF PERJURY, I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE.  
I HAVE BEEN A RESIDENT OF NEW HAMPSHIRE FOR AT LEAST THREE YEARS PRECEDING APRIL 1<sup>ST</sup>. THE PROPERTY ON WHICH EXEMPTION IS CLAIMED IS MY RESIDENTIAL REAL ESTATE.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE