

TOWN OF HOLLIS 2024 ELDERLY EXEMPTION

APPLICATION & INSTRUCTIONS

Deadline to file is Monday, April 15, 2024

The attached application, and Form PA-29, must be submitted, along with any required documents, prior to determination by the Town of Hollis. Form PA-29 will be completed at the time your Elderly Exemption Application is submitted.

FIRST TIME APPLICANTS: Please call the Assessing Office at (603) 465-2209, ext. 105 to make an appointment to review your application and documents.

- 1.) The application filing period starts on January 2, 2024.
- 2.) First Time Applicants will be required to submit their Birth Certificate or Passport.
- 3.) **ALL PAGES** of financial documents will be required to prove income and asset amounts, regardless of what is printed on them.
- 4.) For married/civil union couples, at least one applicant must be 65 years old by April 1st.
- 5.) The applicant must be a New Hampshire resident for at least 3 years as of April 1st.
- 6.) The applicant must have owned the residence as of April 1st, either individually or jointly. If the applicant's spouse owns the residence, the couple must be married or in civil union for at least 5 years.
- 7.) 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."
- 8.) Income and Asset Limits:
 - a.) Single, Widowed, or Divorced: not more than \$63,500 Gross per year;
 - b.) Married or Civil Union: not more than \$72,500 Gross per year;
 - c.) Assets (not including your residence**): not more than \$198,000

** - If your residence is a multi-unit residence, only the portion that is the applicant's residence is excluded from the asset limit. The remainder of any multi-unit property is considered an asset.
- 9.) Applicants meeting all Statute requirements may receive the exemption, based on age:
 - a.) Ages 65 -74 Years of Age \$272,000 Assessment Reduction
 - b.) Ages 75-79 Years of Age \$312,000 Assessment Reduction
 - c.) Ages 80 Years of Age and older \$368,000 Assessment Reduction
- 10.) 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 completed and submitted with the required Trust documentation or a copy of the deed showing Life Estate.
- 11.) If you transfer your property to a Trust or Life Estate after you have qualified for the Elderly Exemption, Form PA-33 with the required Trust documents or Life Estate deed must be filed.
- 12.) The Assessing Office annually reviews Elderly Exemption applicants, and may periodically ask 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 in the request. Failure and/or refusal to complete the application or provide the requested documents are grounds for denial and removal of the exemption.
- 13.) 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 Hollis 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 through Friday, 8:00 am to 3:00 pm at **(603) 465-2209, ext. 105.**

This page left intentionally blank.

TOWN OF HOLLIS

INCOME & ASSET STATEMENT FOR THE 2024 TAX YEAR
TO BE COMPLETED BY OWNER(S) SEEKING THE ELDERLY TAX EXEMPTION PER RSA 72:39A

FIRST TIME APPLICANTS: Please schedule a review appointment with the Hollis Assessing Office at (603) 465-2209 ext. 105 when you have completed this application and gathered all documents.

Deadline for applications is Monday, April 15, 2024

Property Address: _____ MBLU: _____

OWNER/APPLICANT INFORMATION

OWNER/APPLICANT 1 NAME: _____ DOB: _____

OWNER/APPLICANT 2 NAME: _____ DOB: _____

MAILING ADDRESS: _____

TOWN/STATE/ZIP: _____

DAY PHONE # _____ EVENING PHONE # _____

ADDITIONAL OWNER NAME: _____

IF ADDITIONAL OWNER, THEIR RELATIONSHIP TO APPLICANT(S): _____

APPLICANT IS: SINGLE MARRIED DIVORCED WIDOWED
(please circle one) (If divorced and receiving alimony/support, please submit divorce decree)

If married, how many years have you and your present spouse been married? _____

Year you became a New Hampshire resident: _____

If less than 3 years, please provide your former address: _____

Have you ever received an Elderly Exemption from any other community in New Hampshire? YES NO

If yes, what Town/City, and when? _____

PROPERTY DESCRIPTION/OWNERSHIP

PROPERTY TYPE: Single Family with Apt Condo Mobile Home Multi-Family If Multi-Family, how many units? _____
(please circle one) Family

PROPERTY IS OWNED AS Joint Life Tenants in If Tenants in Common, what % owned _____
(please circle one) Individual Tenants Estate* Trust* Common

***If the applicant's property is owned by a Trust or in a Life Estate, the Applicant must also provide a completed Form PA-33, Statement of Qualification, as required by RSA 72:33, V, along with a copy of the Trust Document or Deed.**

Is any part of the property used for the operation of a home business? YES NO
(please circle one)

INCOME INFORMATION

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

Please provide a FULL copy of the document verifying the amount received including ALL pages. Examples include your SS Statement, Award Letter, W-2, 1099.

	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	\$ _____	\$ _____
Stimulus Payments/Tax Refunds	\$ _____	\$ _____
Other Income <i>(including but not limited to distributions, annuities, unemployment, stimulus payments, gambling or lottery winnings, family support, etc.)</i>	\$ _____	\$ _____
Financial Assistance <i>(including but not limited to food stamps, fuel, electric or other assistance.)</i>	\$ _____	\$ _____
Does anyone (other than your spouse) live with you? <i>(please circle one)</i>		YES NO
If yes, please give the amount that person contributed to the household for rent, bills or other payments.		\$ _____
TOTAL INCOME		\$ _____

ASSET INFORMATION

ALL DOCUMENTS SUBMITTED MUST BE DATED WITHIN THE PAST 90 DAYS.

Please provide a full copy of any documents being submitted, regardless of what is on pages.

Do you own (individually, jointly, in common or fractionally) any other real estate anywhere, including homes, land, mobile homes or time shares?

YES	NO	<i>(please circle one)</i>
-----	----	----------------------------

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, motorcyles, etc. (A copy of your vehicle registration may also be submitted.) Values will be determined using NADA.

Year	Make	Model
------	------	-------

Vehicle #1

Mileage	Remaining Balance due if financed	Value
---------	-----------------------------------	-------

Vehicle #2	Year	Make	Model
------------	------	------	-------

Mileage	Remaining Balance due if financed	Value
---------	-----------------------------------	-------

Banking Resources

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

Statements must be dated within the past 90 days.

Checking Bank Name(s)	Balance	Document Date
-----------------------	---------	---------------

	\$	
--	----	--

	\$	
	\$	

Savings Bank Name(s)	Balance	Document Date
----------------------	---------	---------------

	\$	
--	----	--

	\$	
--	----	--

Account Name	Balance	Document Date
--------------	---------	---------------

Certificate of Deposit Bank Name(s)	Balance	Document Date

	55	

	\$	
--	----	--

IRA Account Bank Name(s)	Balance	Document Date
--------------------------	---------	---------------

	\$	
--	----	--

	\$	
--	----	--

Market	End Name ()	Organization Name	Balance	Document Date
--------	--------------	-------------------	---------	---------------

Money Market Bank Name(s)	Company/Institution Name	Balance	Document Date

		\$	
--	--	----	--

Stocks/Bonds/Annuities Type	Company/Institution Name	Balance	Document Date
-----------------------------	--------------------------	---------	---------------

--	--	--	--

		\$	
--	--	----	--

Asset Information continued on next page (reverse)

ASSET INFORMATION CONTINUED

Other Accts not shown on previous page	Company/Institution Name	Balance	Document Date
		\$	
		\$	

Cash Value of Life Insurance Policies			
Cash or other valuables such as Antiques, Jewelry, etc.			
Land in excess of 2 acres, as per RSA 79:39 a, 1-c			

TOTAL ASSETS \$ _____

SIGNATURES AND VERIFICATIONS

The following items must be submitted with this application:

- 1.) 2023 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 current bank statement for each bank account (all pages), dated within the last 90 days.
- 5.) Proof of income, such as Social Security statements, Pension documents, receipts, etc.
- 6.) Copy of birth certificate, or other document verifying birth date, for both the applicant, and spouse as appropriate.
- 7.) 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 HOLLIS.

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 _____

All documents submitted are considered confidential and all original documents will be returned to the applicant(s) at the time the application is submitted. Copies of any original documents will be made to determine if the applicant(s) is qualified for the Exemption. Please choose an option below for the handling of copies after a decision has been made. If no option is chosen, all documents will be shredded.

Copies are to be: Returned Shredded Picked Up by Applicant
(Please select one)

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

Based on current US Postal Service requirements and fees, most documentation being returned will require an estimated \$4.00 in postage. Please ensure that the return envelope to be used will accommodate all documents and

FOR OFFICE USE ONLY BELOW THIS LINE

DATE RECEIVED _____
RECEIVED BY _____
NOTES/COMMENTS:

NAME: _____
MBLU _____
LOCATION _____

ELDERLY EXEMPTION CERTIFICATION AFFIDAVIT

To be read and acknowledged by the Applicant(s):

I hereby certify that the Elderly Exemption application with financial documentation submitted to the Town of Hollis 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 three (3) consecutive years prior to April 1st in 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 Hollis resident, meeting the minimum age requirement, or
- ☐ Owned by a Town of Hollis resident jointly or in common with the residents' spouse, and with the applicant and/or their spouse meeting the minimum age requirement, and that they attest that they have been married to each other for five (5) consecutive years prior to April 1st in the year which the exemption is claimed.
- ☐ Owned by a Town of Hollis 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 the exemption is claimed.
- ☐ Owned by a Town of Hollis residents' spouse, with one or both meeting the age requirement as of April 1st in the year which the exemption is claimed.
- ☐ A Hollis resident owning a beneficial interest via Trust or owning Life Estate in the property.

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

I/we hereby attest that I/we are not receiving any other Exemption or Credit in any other community within the State of New Hampshire, and that 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 Hollis Assessing Office.
- 3.) If you relocate within the Town of Hollis, you MUST file an amended permanent application with the Hollis Assessing Office for the exemption to be transferred to the new property. It is the responsibility of receipt(s) to notify the Town of Hollis of this relocation.
- 4.) If your marital status changes, you must notify the Town of Hollis Assessing Office as soon as possible after the change is effective.

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: _____

Printed name of Applicant 1: _____

Signature of Applicant 2: _____ Date: _____

Printed name of Applicant 2: _____

Signature(s) must be witnessed by the Town of Hollis Assessing Office staff, or notarized.

Witness: _____ Date: _____

Printed Name: _____

Printed Title: _____

If notarized, the following is applicable.

State of New Hampshire
County of Hillsborough

Personally appeared, _____, on _____,
20____, to be known to me or satisfactorily proven to me, to be the individual whose name is subscribed on this document and acknowledged s/he executed the same for the purposes therein contained.

Before me, _____
Notary Public/Justice of the Peace

My commission expires: _____

Seal: