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: You will be required to submit your Birth Certificate or Passport. Please call the Assessing Office at (603) 465-2209, ext. 105 to make an appointment to review your application and documents.

1.) The filing period starts on January 2, 2020 when you have received all of the necessary statements/documents for the prior year from all of your income sources and/or financial institutions.

2.) For married/civil union couples, at least one applicant 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 applicant's spouse owns the residence, the couple must be married or 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 $53,000 Gross per year;
   b.) Married or Civil Union: not more than $60,500 Gross per year;
   c.) Assets (not including your residence**): not more than $165,000
      ** - 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.

7.) Applicants meeting all Statute requirements may receive the exemption, based on age:
   a.) Ages 65-74 Years of Age $159,000 Assessment Reduction
   b.) Ages 75-79 Years of Age $190,000 Assessment Reduction
   c.) Ages 80 Years of Age and older $222,000 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 completed and submitted with the required Trust documentation 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, Form PA-33 with the required Trust documents or Life Estate deed must be filed.

10.) 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.

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 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.
TOWN OF HOLLIS
INCOME & ASSET STATEMENT FOR THE 2020 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.

Deadline for applications is Wednesday, April 15, 2020.

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, 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 ___________________________

(please circle one) Single Family with Apt Condo Mobile Multi-Family If Multi-Family, how many units? ______________

PROPERTY IS OWNED AS ___________________________ Individual ___________________________ Joint Tenants ___________________________ Life Estate* ___________________________ Trust* ___________________________ Tenants in Common ___________________________ If Tenants in Common, what % owned ______________

(please circle one) Individual Tenants Life Estate* Trust* Tenants in 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, 2019 and ending December 31, 2019.

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.

<table>
<thead>
<tr>
<th></th>
<th>Owner #1</th>
<th>Owner #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Disability Income (Title II or Title XVI)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>VA Disability Income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>SSI Income for Dependents</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Wages, Salaries, Tips or Self-Employment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Pensions</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest and/or Dividend Income (all sources)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Real Estate Rental Income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>(including but not limited to distributions, annuities, unemployment, gambling or lottery winnings, family support, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>(including but not limited to food stamps, fuel or electric assistance)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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 (please circle one)

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

<table>
<thead>
<tr>
<th>Other Real Estate</th>
<th>Address</th>
<th>Market Value</th>
<th>Annual Taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property #2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Mileage</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vehicle #1
Vehicle #2

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

<table>
<thead>
<tr>
<th>Checking Bank Name(s)</th>
<th>Balance</th>
<th>Document Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings Bank Name(s)</th>
<th>Balance</th>
<th>Document Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate of Deposit Bank Name(s)</th>
<th>Balance</th>
<th>Document Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IRA Account Bank Name(s)</th>
<th>Balance</th>
<th>Document Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Money Market Bank Name(s)</th>
<th>Company/Institution Name</th>
<th>Balance</th>
<th>Document Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stocks/Bonds/Annuities Type</th>
<th>Company/Institution Name</th>
<th>Balance</th>
<th>Document Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Accts not shown above</th>
<th>Company/Institution Name</th>
<th>Balance</th>
<th>Document Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

| Cash Value of Life Insurance Policies | |
|---------------------------------------| |
| Cash on Hand, Antiques, Jewelry, etc. | |
| Land in excess of 2 acres, as per RSA 79:39 a, l-c | |

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 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.

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 application.

Based on current US Postal Service requirements and fees, most documentation being returned will require an estimated $3.00 in postage. Please ensure that the return envelope to be used will accommodate all documents.

FOR OFFICE USE ONLY BELOW THIS LINE

DATE RECEIVED ____________________________
RECEIVED BY ____________________________
NOTES/COMMENTS:

Page 4 of 4
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 recipient(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: