



Assessing Office
23 Main Street PO Box 2680
Conway, New Hampshire 03818
(603) 447-3811 ext 219 fax (603) 447-1348
Hours: Monday through Friday 8:30 to 4:30

ELDERLY & DISABLED EXEMPTION INFORMATION

ELDERLY EXEMPTIONS (RSA 72:39): (5/12/20)

- Has resided in this state for at least 3 consecutive years prior to April 1 in the year in which the exemption is claimed.
- Must be 65 on April 1st of year of application (or spouse).
- Property for which exemption is applied must meet the definition of real estate per RSA 72:39a(c).
- If the real estate is owned by such person's spouse, they must have been married to each other for at least 5 consecutive years.
- Yearly Net Income: Married \$37,000, single \$28,000 (excluding business expenses and costs, life insurance proceeds on the death of an insured, or proceeds from the sale of assets).
- Asset Limitation: \$75,000 excluding residence and the value of a minimum single-family residential lot or 2 acres, whichever is greater.
- Must reside at the property for which exemption is applied.

Benefits:	65 - 74	\$75,000 reduction of assessed value
	75 - 79	\$90,000 reduction of assessed value
	80+	\$105,000 reduction of assessed value

DISABLED (RSA 72:37-b): (5/12/20)

- Any person who is eligible under Title II or Title XVI of the Federal Social Security Act for benefits to the disabled (must provide letter from Social Security Administration stating eligibility)
- Must be a NH resident for at least 5 years
- Must have owned the residence individually or jointly, or if residence is owned by spouse, they must have been married for at least 5 years
- Yearly Net Income: Married \$28,000, single \$22,000 (including Social Security)
- Asset Limitation: \$50,000 (excluding the value of the residence and accepted lot)
- Must reside at the property for which exemption is applied

Benefit: \$75,000 reduction in assessed value

APPLICATIONS

It is the responsibility of the taxpayer to properly apply for any exemption or deferral program and to provide documentation of all assets and income.

Applicants whose property is owned by a trust must complete a Form PA-33 and supply the necessary documentation relevant to the trust.

Application deadline for exemptions and credits is April 15th of the current year. Application deadline for a tax deferral is March 1st following the date of notice of tax.



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ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Property Address _____ Map/Lot ____/____

Applicant/Owner Name _____ Owner DOB _____ Verified Y / N

Additional Owner Name _____ Owner DOB _____ Verified Y / N

Relationship _____ Married¹/Widow/Single/Divorced (Please circle one)
¹ Date of Marriage _____

Type of ownership: Individually ___ Joint Tenants ___

In Trust² ___ Tenants in Common ___ % owned ___ ²Must include a copy of Trust. Copy attached? Y / N

Mailing Address _____ Prior address _____

City/State/Zip _____ City/State/Zip _____

Email Address _____ NH Resident Since _____ NH issued ID required

Home Phone Number _____ Do you own/run a business out of home? Y / N

Cell Phone Number _____ Do you have an in-law apartment? Y / N

Single Family Y / N Multi-Family Y / N, # of Units _____

Is the Applicant or spouse a trustee or beneficiary of any trust? Y / N If YES, please specify **TRUSTEE / BENEFICIARY.**

Name of Trustee/Beneficiary & Trust² name: _____

INCOME INFORMATION
FOR THE PERIOD JANUARY 1 TO DECEMBER 31

	Owner #1	Owner #2 (spouse)
Social Security	\$ _____	\$ _____
Social Security Disability Income (Title II or Title XVI)	\$ _____	\$ _____
Veterans Administration Disability Income	\$ _____	\$ _____
SSI Received for Dependents	\$ _____	\$ _____
Wages, Salaries, Tips or Self Employment	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Interest and/or Dividend Income (all sources)	\$ _____	\$ _____
Real Estate Rental Income	\$ _____	\$ _____
Other Income including distributions, annuities, unemployment, gambling/lottery winnings, etc.	\$ _____	\$ _____

Does anyone (other than spouse) live with you? Y / N

If yes, amount contributed to household annually.

\$ _____ \$ _____

Does anyone contribute to or support you financially on a regular basis? Y / N

If yes, how much annually?

\$ _____ \$ _____

TOTAL INCOME:

\$ _____ \$ _____

Have you filed a NH Interest & Dividends return?

Yes No (Attach copy)

Have you filed a Federal IRS return for the most recent tax year?

Yes No (Attach copy)

If no, in what year was the last return filed? _____

ASSET INFORMATION (Provide Documentation)

1. Value in Savings Accounts: \$ _____

2. Value in Checking Accounts: \$ _____

3. Stocks, Bonds, Mutual Funds: \$ _____

4. Certificates of Deposit, IRA/401K, Money Market, etc.: \$ _____

5. Vehicles, Boats, Tractors, Campers, RV's:

Make/Model _____ Year _____ \$ _____

Make/Model _____ Year _____ \$ _____

Make/Model _____ Year _____ \$ _____

Make/Model _____ Year _____ \$ _____

6. Personal Property: \$ _____

(Estimate value of furniture, antiques or other collectibles, jewelry, furs, etc.)

7. ALL OTHER REAL ESTATE OWNED

Location: _____ Value: \$ _____

Location: _____ Value: \$ _____

8. TOTAL ASSETS: \$ _____

AFFIDAVIT

Please read, initial each line, and then sign below. If there is anything you do not understand, please ask assessing staff for clarification.

- ___ I certify that I have read this worksheet carefully and it is complete to the best of my knowledge and ability.
- ___ I certify that I do not claim residency in any other city or town, in any other state.
- ___ I certify that I have been a resident of New Hampshire for 3 consecutive years (Elderly Exemption) or 5 years (Disabled Exemption) as of April 1 in the year applying for tax exemption.
- ___ I certify under penalty of perjury that I am not receiving any other residential tax exemption or tax credit in any other community within NH and I am not receiving a similar benefit, such as a homestead exemption, in any other state.
- ___ I understand that if my income or assets change, there is a possibility I may no longer qualify for the tax exemption and that I am under obligation by law to notify the Assessing Department.
- ___ If my marital status changes, I must notify the Assessing Department.
- ___ If I relocate within the Town of Conway, I must file an amended application with the Assessing Department as soon as possible, on or before December 1, immediately following the change in residence.
- ___ I understand that if I put my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit or exemption.
- ___ **The Town of Conway will use all available resources to verify an applicant's eligibility for tax credit or exemption.**

I / We have read and understood the above statements. Any misrepresentation on my part may result in court action for recovery. I certify the information submitted is true and accurate to best of my knowledge.

Permission to SHRED COPIES after completion (CIRCLE YES OR NO) YES NO

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

NOTICE

The Exemption Worksheet must be completed in order to qualify under the requirements of RSA 72:33, VI. This worksheet and Form PA-29, application for tax exemption, must be completed and submitted with supporting documentation by April 15th.

OFFICIAL USE ONLY:

Parcel ID _____
 Age as of April 1: _____
 Ex Group: **D 65 75 80**
 Income _____ Assets _____
 Assessment _____
 Exemption Amount _____
 Approved/Denied Date _____