Town of Northumberland
ATTN: Assessing Clerk
19 Main Street
Groveton, NH 03582
Office (603) 636-1450 Fax (603) 636-6098
www.northumberlandnh.weebly.com

DISABLED EXEMPTION APPLICATION

NH RSA 72:33 Application for Optional Exemption *NH RSA 72:27-a* for the Disabled *NH RSA 72:37-b*

*****Applications accepted after JANUARY 1st** **Filing DEADLINE is APRIL 15th *****

PLEASE CALL 636-1450 TO SCHEDULE AN APPOINTMENT FOR REVIEW OF APPLICATION AND REQUIRED DOCUMENTATION

QUALIFICATIONS

- The Applicant is under the age of 65 years
- The Applicant must be a resident of NH for 5 consecutive years on or before April 1st
- The Applicant must own individually or jointly residential property on or before April 1st. **NOTE:** If said residential property is owned by the spouse, the Applicant must have been married to said spouse for 5 consecutive years on or before April 1st.
- The property for which the Applicant is applying for the exemption must be the Applicant's principal place of abode to the exclusion of all others (i.e. where registered to vote).
- The Applicant must receive Title II or Title XVI Social Security Disability. **NOTE:** Social Security Disability benefits automatically convert to Social Security Retirement benefits at age 65).

TOTAL INCOME

- Includes ALL sources of income including but not limited to retirement, pension and Social Security
- Single Person CANNOT EXCEED net income of **$15,000** per year; OR
- Married couples CANNOT EXCEED net income of **$25,000** per year

TOTAL ALLOWED ASSETS

- Includes all assets at the date of application or April 1st if re-qualifying
- Excludes the assessed value (at the time of your application) of your dwelling unit and up to 2 acres OR the minimum single family residential lot size specified in the local zoning ordinance.
- Includes but is not limited to the following: personal property such as cars, trucks, RV's, trailers, boats, ATVs, OHRVs, antiques, furniture and jewelry; accounts such as checking, savings, CDs, IRAs, 401Ks, mutual funds, stocks, bonds, annuities, life insurance policies, money market; any other real estate (owned individually, jointly, in common or fractional) such as land and/or buildings e.g. mobile homes, condos, timeshares etc., and other tangible or intangible assets less any good faith encumbrance.
- Single and Married Persons CANNOT EXCEED net asset value of **$35,000**

DOCUMENTS TO PROVIDE (if applicable):

- Prior year Form SSA 1099-Social Security Benefit Statement
- Prior year federal income tax return including all W2s, 1099s, etc.
- Prior year VA benefits statements
- Prior year NH Interest and Dividends Tax forms
- Full copies of current and 3 prior-month statements for all checking and savings accounts
- Full copies of current statements for CD, IRA, 401K, stocks amd/or bonds, surrender value of life insurance policies, money market, etc.
- Property Tax Inventory Forms filed in any *other* town
- Copy of your Trust and Trust Amendments (the Attorney's affidavit may be required annually)
- NH Driver's license OR birth certificate
- Current mortgage statement if you own more than a single family home
- Documentation of any Alimony, Child Support, Fuel, Electric, Rental and Assistance from others

EXEMPTION AMOUNT:

- If qualified, a yearly exemption in the amount of **$10,000** is deducted from your total assessed property value, or a percentage of that amount relating to the percent of ownership per *NH RSA 72:41 Proration*

Town of Northumberland

Disabled Exemption Application

To be completed by Property Owner Seeking Tax Exemption per *NH RSA 72:33*

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ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Owner Name_____ Owner DOB_____

Co-Owner Name_____ Co-Owner DOB_____

All additional Owners on Deed and Relationship_____

_____

Life Estate/Trust Name (if any):_____

NOTE: If the property is owned by a Trust, Form PA-33 must be completed and submitted with a full copy of the Trust documents

Check One & Attach Divorce Decree if applicable

Mailing Address_____ Single_____ Widow_____

Married_____ Divorced_____

City/State/Zip_____ If married, # of years_____

Telephone Number_____ Cell Phone Number_____

Email_____

NH Resident Since_____ City/Town Registered to Vote_____

Prior Address if residency <5 years_____

REAL ESTATE INFORMATION

Primary Residence_____Map_____Lot_____Sub_____

Please indicate type of residence: Single_____ Multi_____ If multi, # of units_____

If you own a multi family, do you have a mortgage? Y/N Mortgage balance amount_____

Other owned real estate:_____

(Please attach copy of latest tax bill) (Street Address, City, State & Zip) (Property Value)

Other owned real estate:_____

(Please attach copy of latest tax bill) (Street Address, City, State & Zip) (Property Value)

Do you own (Individually, jointly, in common, fractional) any other real estate anywhere, including homes, land, mobile homes or time shares? YES_____ NO_____

If YES, please describe and list address(es):_____

_____

_____

Are you receiving a deduction or exemption from any other City or Town? YES_____ NO_____

TOTAL INCOME INFORMATION: JANUARY 1ST TO DECEMBER 31ST

- **Please attach additional sheets if necessary. Also attach in order of numbers a copy of all supporting income documentation. If any of the following categories do not apply to YOU, please write N/A in that space.**

INCOME TYPE	OWNER AMOUNT	CO-OWNER AMOUNT
1. Social Security Disability (Title II or Title XVI)	$_____	$_____
2. Social Security Disability Income (gross, annual)	$_____	$_____
3. VA Benefits (Pension/Disability Income)	$_____	$_____
4. Short Term/Long Term Disability	$_____	$_____
5. Wages/Salaries/Tips (gross by employer)		
➢ Employer#1_____	$_____	$_____
➢ Employer#2_____	$_____	$_____
➢ Employer#3_____	$_____	$_____
6. Pensions/Annuities/401K/etc. (list each account)		
➢ Acct#1_____	$_____	$_____
➢ Acct#2_____	$_____	$_____
➢ Acct#3_____	$_____	$_____
➢ Acct#4_____	$_____	$_____
➢ Acct#5_____	$_____	$_____
7. Real Estate Rental Income (annual amount)	$_____	$_____
8. Interest and/or Dividend Income (list each account)		
➢ Acct#1_____	$_____	$_____
➢ Acct#2_____	$_____	$_____
➢ Acct#3_____	$_____	$_____
➢ Acct#4_____	$_____	$_____
➢ Acct#5_____	$_____	$_____

9. Fuel of Electric Assistance $_____ Alimony $_____ Gambling $_____

10. Is anyone (other than a spouse or co-owner) living with you? YES_____ NO_____

If YES, please list annual amount provided for household bills and maintenance $_____
Additional comments:

_____

_____

_____

Do you file NH DP-10 Interest & Dividends Tax Return? YES_____ NO_____ If YES, please submit a copy
Do you file a Federal IRS Tax Return? YES_____ NO_____ If YES, please submit a copy

For Assessor's Office Use Only
TOTAL INCOME: $_____
Notes:

_____

_____

TOTAL ASSET INFORMATION: JANUARY 1ST TO DECEMBER 31ST

(Please attach additional sheets if necessary)

11. Other Real Estate:_____
(Street Address) (Market Value) **Please attach copy of property tax bill**

12. Vehicles

	Make	Model	Year	Miles	Est. Value
Vehicle #1					
Vehicle #2					
Vehicle #3					

13. Accounts

Checking Account#	Bank/Institution Name	Name(s) on Account	Balance

Please attach copies of 3 consecutive months, including the current month, of full statements

Savings Account#	Bank/Institution Name	Name(s) on Account	Balance

Credit Union Account#	Bank/Institution Name	Name(s) on Account	Balance

CD Account#	Bank/Institution Name	Name(s) on Account	Balance

IRA Account#	Bank/Institution Name	Name(s) on Account	Balance

Money Market Account#	Bank/Institution Name	Name(s) on Account	Balance

Stocks/Bonds Account#	Bank/Institution Name	Name(s) on Account	Balance

Annuities Account#	Bank/Institution Name	Name(s) on Account	Balance

Mutual Funds Account#	Bank/Institution Name	Name(s) on Account	Balance

Life Insurance Policies#	Bank/Institution Name	Name(s) on Account	Balance

14. Other Assets

a. _____ _____
Description Value

b. _____ _____
Description Value

c. _____ _____
Description Value

d. _____ _____
Description Value

For Assessor's Office Use Only

TOTAL ASSETS: $_____

Notes:

_____

_____

Assets disclosed on this application will be verified through all resources available to the Town of Northumberland and the Northumberland Assessing Department.

15. CERTIFICATION

I/We, the undersigned, **AGREE TO REPAY** the Town of Northumberland, NH, for an Exemption procured through willful misrepresentation. Misrepresentation or omission of information will result in denial of Exemption from the Town of Northumberland, NH.

ANY CHANGE IN HOUSEHOLD CIRCUMSTANCES (INCOME OR ASSETS) MUST BE REPORTED TO THE ASSESSOR'S OFFICE WITHIN 30 DAYS. Failure to do so will result in suspension of Exemption.

I/We swear, under penalty of perjury, and certify that the information provided in this Application, including Income and Asset Statements, is true to the best of my/our knowledge.

My/Our signature(s) below constitute the granting of my/our authority for the Town of Northumberland, NH, to obtain verification and/or proof from all sources concerning my/our household's circumstances.

_____ _____

Owner Signature Date Co-Owner Signature Date

The Town of Northumberland will not release or discuss your information with any party without your express written permission.

☐ Check here if you would like us to discuss your application with a friend, family member or caregiver

Would you like to pick up your financial after we are finished, or can we shred them?

☐ Pick-up ☐ Shred

Name/Relationship:_____ Phone:_____

Name/Relationship:_____ Phone:_____

Applicant Signature:_____ Date:_____

Town of Northumberland

Disabled Exemption Eligibility Worksheet

To: Northumberland Board of Selectmen

I hereby declare that the following is a true report of my assets and income.

ASSETS

House and 2 acres	Not applicable	
Other real estate, please specify:		
_____	$_____	_____
Checking Accounts	$_____	_____
Savings and Investments	$_____	_____
Automobiles		
Make & Model_____Mileage_____	$_____	_____
Make & Model_____Mileage_____	$_____	_____
Furniture and Furnishings	$_____	_____
Personal Possessions (jewelry, clothing, collections, etc.)	$_____	_____
Other (RV, boat, antiques, OHRVs, ATVs)		
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
TOTAL	$_____	_____

INCOME

Wages	$_____	_____
Pension	$_____	_____
Social Security	$_____	_____
Interest and Dividends	$_____	_____
Net Rental Income	$_____	_____
Alimony and Child Support	$_____	_____
Other Income		
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
TOTAL	$_____	_____

Your application must be accompanied by:

- Copies of bank statements verifying all yoru savings, investments and related income
- A copy of your most recent income tax return. If you are not required to file an income tax return check here ☐ and attach copies of your most recent year end statements showing social security, pension, income from all other sources
- Copy of letter from Social Security stating that you are disabled.

I declare under penalty of perjury that the above statement is an accurate and complete representation of my assets and income.
I realize that any misrepresentation or omission will result in a denial of my application.

Signature:_____Date:_____

Applicant's Name:_____
Map_____Lot_____
Account#_____

AFFIDAVIT
Disabled Exemption

To be read and acknowledged by the Applicant:
I hereby certify that the Disabled Exemption Application with financial documentation submitted to the Town of Northumberland Assessing Department is complete, true and correct.

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

- A legal resident of New Hampshire for at least 5 consecutive years prior to April 1st of the year that the exemption is claimed; and

- Must be under the age of 65 years as of April 1st in the year in which the exemption is claimed and be receiving Title II or XIV of Social Security Disability.

Additional requirements for this exemption shall be that the property is:

- Owned by a Northumberland resident; or

- Owned by a Northumberland resident jointly or in common with the resident's spouse, either of whom meets the requirement for the exemption claimed.

- Owned by a Northumberland resident jointly or in common with a person not the resident's spouse, if the resident meets the applicable requirements for the exemption claimed, *NH RSA 72:41 Proration* stipulates that "if any entitled person or person shall own a fractional interest in residential real estate, each such entitled person shall be granted exemption in proportion to his interest therein…"

- Owned by a Northumberland resident, or the resident's spouse, either of whom meets the requirements for the exemption claimed, and when they have been married to each other for at least 5 consecutive years.

- 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.

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

Be aware:

- This Exemption cannot be claimed in more than one community within New Hampshire or if you are receiving similar benefits in another state;

- If your income or asset level changes and there is a possibility that you no longer qualify for the Exemption, you are obligated by law to advise the Northumberland Assessing Department;

- If your marital status changes you must notify the Northumberland Assessing Department;

- A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his/her official function, he/she makes any written false statement which he/she does not believe to be true, of 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. *NH 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:_____

Applicant (print name):_____Date:_____

STATE OF NEW HAMPSHIRE
COUNTY OF COOS, SS.

The foregoing instrument was acknowledged before me on this ___ day of _____, 20_____, by _____, known or proven to me to be the signatory above.

(seal)

_____
Notary Public/Justice of the Peace
My commission expires:

Signature of Applicant:_____

Applicant (print name):_____Date:_____

STATE OF NEW HAMPSHIRE
COUNTY OF COOS, SS.

The foregoing instrument was acknowledged before me on this ___ day of _____, 20_____, by _____, known or proven to me to be the signatory above.

(seal)

_____
Notary Public/Justice of the Peace
My commission expires:

FOR ASSESSOR'S OFFICE USE ONLY

Applicant's Name(s):_____

Address:_____

Map:_____ Lot:_____ Sub:_____

Income Source	Amount	N/A		Document Type	Date Rcvd
Social Security Income	$			Owner Birth Certificate	
VA Benefits	$			Co-Owner Birth Certificate	
Short/Long Term Disability	$			Property Record Chart	
Wages/Salaries/Tips	$			Current Deed	
Pensions	$			Trust Form/PA-33	
Annuities	$			Other Property Deed	
401Ks	$			Federal Tax Return	
Rental Income	$			NH Int & Div Tax Return	
Interest/Dividends	$			Other Tax Return (MA, ME, VT)	
Adjusted Gross Income (IRS)	$			Vehicle Registration	
Other Income	$			Rental/Lease Agreement	
Other Income	$			Other:	
TOTAL	$				
Asset Source	**Amount**	**N/A**			
Checking	$				
Savings	$				
CDs	$				
IRAs	$				
Stock/Bonds/Mutual Funds	$			**Multi Family Asset**	**Amount**
Annuities	$			Number of Units	
Life Insurance	$			Total Assessed Value	$
Vehicle	$			Total Assessed land Value	$
Other Real Estate	$			Total Assessed building value	$
Other	$			Mortgage balance	$
Other	$			Do they need a mortgage letter?	Y/N

Application taken by:_____Date:_____

Comments:_____

_____

_____

☐ Approved ☐ Denied Date:_____