



TOWN OF WARNER

PO Box 265, 5 East Main Street
Warner, New Hampshire 03278-0265
Telephone: (603) 456-2298 Fax: (603) 456-2299
warnerNH.gov



Warner's Elderly Exemption Worksheet

(Must be submitted with a PA-29 form.)

Important Qualifications:

1. Applicant must be 65 years old as of April 1st of the tax year applying. (Married couples, the eldest should apply)
2. Applicant must have resided in the state of New Hampshire for at least three years prior to the year of application.
3. Applicant must own real estate individually, jointly, or in common with another for at least five years within the community. May also be married to someone who owns real estate within the community for at least five years.
4. Property must meet the definition of residential real estate, per RSA 79:39-a (c), which includes the housing unit, which is the person's principal home and related structures. It does not include attached dwelling units and unattached structures used or intended for commercial or other non-residential purposes.
5. Property cannot have been transferred to the applicant, from a person under the age of 65, and related to the applicant by blood or marriage, within the past five years.

Income and Assets:

Warner's adopted income restrictions are:

Single	\$30,000
Married	\$45,000

Income includes income from any source including Social Security or pension but excludes a) Life insurance paid on the death of an insured, b) Expenses and costs incurred while conducting a business enterprise, c) Proceeds from the sale of assets.

Warner's adopted asset restrictions are:

Single	\$85,000
Married	\$85,000

Assets to include all total net assets for married or single applicants. Excluding the value of the applicant's actual residence and the land upon which it is located up to two acres or minimum lot size dictated by Zoning Ordinance.

Documents required for new applicants.

1. Proof of birth
2. SSA – 1099 Statement (Social Security Benefit Statement)
3. Previous years income tax form – if not filing a federal income tax form, the following forms will be required if applicable: Form 1099 R Distribution of pensions, annuities ..., any W2 wage statements and 1099 interest statements.
4. Bank statements and verification of assets listed.
5. If you hold a life estate in the property or your property is owned by a trust, you must also submit a completed form PA33 (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 **or** a completed Certification of Trust per RSA 564-B: 10-1013.

Please print all information clearly:

Applicant's Name: _____

Spouse's Name: _____

Property Address: _____

Mailing Address: _____

Date of NH Residency: _____

INCOME:

Please list the source and amount of all income for year for both you and your spouse.

SOURCE: (Net income)	Applicant:	Applicant's Spouse:	Supporting Documentation
Social Security:	\$ _____	\$ _____	_____
Pension & Retirement	\$ _____	\$ _____	_____
Wages:	\$ _____	\$ _____	_____
Rental Income:	\$ _____	\$ _____	_____
Other Income/Annuities:	\$ _____	\$ _____	_____
Interest Income:	\$ _____	\$ _____	_____
TOTAL INCOME:	\$ _____	\$ _____	

If you have filed any of the following – please provide a copy.

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form
3. Any other documents as needed to verify eligibility

Check here if the applicant or applicant's spouse was not required to file a Federal Income Tax Return.

ASSETS:

Please list all assets owned (Self & Spouse)

Savings Accounts or Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars etc.)

<u>INSTITUTION NAME:</u>	<u>TYPE:</u>	<u>VALUE/AMOUNT</u>
_____	Checking _____	_____
_____	Savings _____	_____
_____	Savings _____	_____
_____	IRA _____	_____
_____	Other _____	_____

VEHICLES:

- A. Make / Model / Year / Mileage _____
Est. Value \$ _____
- B. Make / Model / Year / Mileage _____
Est. Value \$ _____
- C. Boat / Model / Year _____ Est. Value \$ _____
- D. RV / Model / Year _____ Est. Value \$ _____
- E. Other / Description _____ Est. Value \$ _____
- F. Other / Description _____ Est. Value \$ _____

REAL ESTATE: (not including your primary residence and up to the greater of 2 acres or the minimum single family residential lot size specified in the local zoning ordinance.)

Property Type _____ In Town/State _____
**Provide copy of property tax bill.
Est. Value \$ _____

TOTAL Of All ASSETS \$ _____

I swear, under penalty of perjury, that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the [Town]. I release all persons whomsoever from any liability resulting from the release of this information.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

TELEPHONE NUMBER: _____

PLEASE RETURN THIS QUESTIONNAIRE BY _____ / _____ / _____, THANK YOU.

THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL EXCEPT THAT THE COMMISSIONER OF THE DEPARTMENT OF REVENUE ADMINISTRATION OR HIS DESIGNEE SHALL HAVE ACCESS TO IT DURING THE DEPARTMENT'S FIVE YEAR ASSESSMENT REVIEW OF ASSESSING PRACTICES (RSA 21-J:11-a).