OPTIONAL ADJUSTED DISABLED TAX EXEMPTION CITY OF PORTSMOUTH, NH

Adopted by Resolution #02-2024, February 20, 2024

Effective April 1, 2024

INCOME GUIDELINES

LimitsSingle: \$54,000
Married: \$70,793

Definition "... in the calendar year preceding April 1st... net income from all sources, or if married a combined income from all sources... Net income shall be determined by deducting from all moneys received, from any source including social security or pension payments, the amount of any of the following or a sum thereof:

- (1) Life insurance paid on the death of an insured,
- (2) Expenses and cost incurred while conducting a business enterprise,
- (3) Proceeds from the sale of assets."

ASSET GUIDELINES

Limits

Single/Married: \$500,000

Definition "Net Assets" means the value of all assets, tangible and intangible, minus the value of any good faith encumbrances." "... excluding the value of the person's actual residence and the land upon which it is located up to the greater of 2 acres or the minimum single family residential lot size specified in the local zoning ordinance... "Residence" shall exclude attached dwelling units and unattached structures used or intended for commercial or other non-residential purposes."

EXEMPTION AMOUNTS

The exemption is \$235,000 and is subtracted from the assessed valuation to lower your tax liability.

AGE, RESIDENCY & OTHER REQUIREMENTS

- The applicant must be at least age 65 or over as of April 1st of the year applying and a resident of New Hampshire for the past 3 consecutive years. Proof of age must be submitted, ie. current driver's license.
- The property for which the exemption is claimed must be owned by the applicant and be his/her principal place of abode.
- If the spouse of the applicant owns the real estate, the couple must have been married for at least five years.
- The applicant must sign the permanent application and the annual tax exemption financial worksheet & affidavit. The worksheet and affidavit are available as a separate document during the filing period.
- Supporting documentation for income and asset amounts must be presented with the application. A list of documentation required is presented on the reverse of this form.
- If the property is held in a trust or life estate, a copy of the trust and the Statement of Qualification Form (PA-33) must be filed with this application. (Please contact our office for a copy of this form)
- All new applicants must file by **April 15th**, preceding the setting of the tax rate. Example: If you are applying for an exemption off your 2024 property taxes, which are due no earlier than December 1, 2024, then you would have had until April 15, 2024. For all existing approved applicants, the Assessor's Office will mail out notifications if you are required to renew your Income and Asset qualifications.
- Tax exemptions cannot be claimed in more than one community within New Hampshire nor if receiving similar benefits elsewhere, such as Florida Homestead exemption.
- Income, Asset & Exemption amounts are subject to change from year to year. Please contact the Assessing Office for updated information.

The Assessor shall grant the exemption provided the taxpayer qualifies in all categories; the Office is satisfied that the applicant has not willfully made any false statements in the application for the purpose of obtaining the exemption, and the applicant co-operated with any Assessing Official's request for further documentation if it applies.

PLEASE CALL THE ASSESSOR'S OFFICE WITH ANY QUESTIONS: (603)610-8466

Use this CHECKLIST as a guide in gathering documentation for your application. Information submitted shall be CONFIDENTIAL and not part of the public records.

PRIOR YEAR INCOME

Required Documentation for Verification

1040 Complete Copy of Federal Income Tax Forms, if filed, including all schedules for past calendar year. If you do not file a tax return, proof must be provided by submitting the IRS response to the IRS form 4506-T to the City of Portsmouth Assessing Department. Assessing staff may assist you with the IRS form 4506-T if needed.
DP-10 Complete Copy of State of NH Interest & Dividend Tax Form for past calendar year.
SSA-1099 for Social Security or Social Security Benefit Verification Letter for SSI, Supplemental Security Income. For a copy, call 1-800-772-1213 or go online https://www.ssa.gov/myaccount/
AWARD LETTER FROM SOCIAL SECURITY IF YOU ARE APPLYING FOR THE DISABLED TAX EXEMPTION FOR THE FIRST TIME or LETTER FROM SOCIAL SECURITY THAT STATES YOU'RE ELIGIBLE FOR TITLE II OR XVI BENEFITS.
1099-R Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.
W-2 / 1099 All Wage statements for the prior year
1099-INT All Interest Statements for prior year.
1099-DIV All Dividend Statements for prior year.
Trust Income
VA Pension
Business or Self-Employment Income
Rental Income, Room & Board, or Help from family/friends
Unemployment or Worker's Compensation
Alimony
Child/Dependent Support/Stipend
State of NH Health & Human Services Assistance letter documenting Food Stamps, APTD, or other assistance.
City Welfare
Fuel Assistance
DOCUMENTATION OF ANY OTHER MONIES RECEIVED BY THE APPLICANT OR SPOUSE NOT LISTED ABOVE.

CURRENT ASSETS

Required Documentation for Verification - Statements must be in their entirety and provided regardless of the current balance. Do not omit any pages, even if they are blank. A screenshot from your computer showing your transactions does not qualify as a complete statement. If you have closed a previously reported account, please provide the last statement confirming closure.

Checking & Savings Monthly Statements for ALL accounts that you have rights to from October 2023 to present.			
Year-end statement for ALL investments: Annuities, Mutual Funds, Shares, Stocks, Bonds, IRA's, etc. If you have an			
Annuity contract- please provide copy of the contract.			
Documentation of Cash Value of Whole Life Insurance.			
Vehicle registrations			
Documentation of loans on vehicles or real estate owned (except your primary residence).			
Most recent tax bill on any real estate owned (except your primary residence).			
Trust Tax Return if applicant or spouse is a Trustee or Beneficiary of a Trust			
DOCUMENTATION OF ANY OTHER ASSETS IN THE APPLICANT OR SPOUSE'S NAMES, NOT LISTED ABOVE. THIS MAY INCLUDE, BUT IS NOT LIMITED TO: TIMESHARES, NOTES/LOANS HELD, ETC.			



City of Portsmouth, NH **EXEMPTION WORKSHEET** For Tax Year 2024

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 15, 2024

Ple

OFFICIAL USE ONLY:					
Parcel ID Age as of April 1:					
Ex Group: D		75	80		
Income	Asse	ets			
Assessment					
Exemption Amount					
4506-T Yr_		_Accr			
Shred A /	D I	ntials			

e print all information clearly:	Shred A / D Intials
. Applicant's Name: T	elephone #
. Applicant's Date of Birth: Email Address:	
Spouse's Name:	Telephone #
Spouse's Date of Birth: Email Address:	
Mailing Address:	
Winter or Alternate Address:	
Marital Status <i>(circle one)</i> : Married (# years married)	Single Divorced Widow/er
Property Address of Which Exemption is Sought:	Acreage:
Property Type (circle one): Single Family Single Fam. w/	In-Law Apt Multi-Family (# Units)
D. Residence Owned: Jointly In Common Solely Revocable T	Trust Irrevocable Trust Life Estate
I have been a legal resident of NH since Number	r of Years Owned Residence:
. List primary residence/s for last five (5) years:	
TRUSTEE BENEFICIARY Name of Trustee/Beneficiary & Trust: _ 1. Will you be filing a federal income tax return this year? YES NO If 2. Will you be filing an interest and dividend tax return to the State of 3. Would like us to be able to discuss your application with a frience of the YES NO If YES, please submit signed Consent form or Dure of the YES, please submit signed Consent form or Dure of the YES, please submit signed Consent form or Dure of the YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES, please submit signed Consent form or Dure of the YES NO If YES	f NO, must submit verification (IRS 4506-T). If New Hampshire? YES NO end, family member or caregiver? able Power of Attorney.
(Name)	(Phone number)
NANCIAL DISCLOSURE ST ALL SOURCES OF INCOME DURING THE PRIOR Of 1. Social Security/Pensions/IRAs: 2. Interest/Dividends Earned:	
4. Please check all sources of income that apply to you for the previous ca	lendar vear:
Alimony or Child Support Employment	

LIST ALL ASSETS YOU CURRENTLY OWN: 5. Bank Accounts: 6. Investments: 7. Vehicles/Recreational Vehicles: (Name of Bank/Type of Account) (Name of Company): (Mileage/Make/Model/Year/Color) 8. List addresses of all real estate you currently own: 9. Check any that apply to you: Savings Bonds Art Collection Whole Life Insurance **Antique Collection** 10. Estimated value of cash, household goods, appliances, furniture, yard equipment, etc. 11. Estimated value of personal items, jewelry, furs, coins, art, antiques, collectibles, etc. 12. Estimated value of business equipment & description: _ **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 City of Portsmouth, 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. A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he/she 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. RSA 641:3 The City of Portsmouth 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 Official Use Only Signature of Applicant Date Signature of Spouse Date