



Town of
BEDFORD

Assessors Office

Exemption Application

MBLU: _____ PID: _____

NAME: _____

OFFICE USE ONLY

DEADLINE : APRIL 15

PLEASE CHECK

Exemption category: ELDERLY

DEAF

DISABLED

The Town 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 family member, friend or caregiver.

Name of person, relationship _____ Phone # _____

Signature _____ Date _____

Additional Comments: _____

EXEMPTION APPLICATION

QUESTIONS? Contact: **Karen Fischer**, Administrative Assistant, Bedford Assessors Office:

• (603) 472-8104 kfischer@bedfordnh.org

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date of Birth: _____ Co-Owner Date of Birth: _____
REQUIRED. DO NOT LEAVE BLANK. REQUIRED. DO NOT LEAVE BLANK.

Married Single Widow *Divorced *Must provide copy of divorce decree

All additional Owners on deed: _____

Relationship: _____

NH Resident Since: _____ Prior address if less than 3 years: _____
Year Address

Life Estate or Trust Name* _____ *PA-33 must be completed with a copy of trust

What is your primary residence _____
Street Address City, State, Zip Code

INCOME & ASSET QUALIFICATION

QUALIFICATIONS: *check ALL that apply.*

- 65 years of age - and Owner of record on or before April 1, of the application year.
- A resident of NH for **3 consecutive years** on or before April 1, of the application year.
- Married couples must have been married for **5 consecutive years** on or before April 1, of the application year.
- 65 years of age - and Owner of record on or before April 1, of the year applying.
- Property for which exemption is claimed must be applicant's primary residence.
- If applicant received a transfer of real estate from a person under the age of 65; related to him by blood or marriage, within the preceding 5 years, no exemption shall be allowed - RSA 72:40a, limitations.

INCOME LIMITS: From **ALL** sources including any earnings, Social Security or pension

- If **Single:** income cannot exceed **\$54,360** per year.
- If **Married:** income cannot exceed **\$73,240** per year.

ASSETS LIMITS: *excluding the value of your primary dwelling and up to 2 acres of land.*

- Single person OR Married couple cannot exceed \$150,000.
- Include all personal property such as cars, trucks, RV's, trailers, antiques, furniture & jewelry.
- Checking and Savings account balances.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, money markets, life insurance cash value, etc.
- Other real estate owned in the US or Abroad (individually, jointly, in common, fractional) including land, mobile homes, condominiums, timeshares etc. Supporting documents must be supplied.
- Other assets tangible or intangible less any good faith encumbrance.

ALL INCOME & ASSETS: must be verified with the proper documentation

- Federal income tax return (if you file) including all W2's, 1099's, etc.
- Form SSA 1099 - Social Security Benefit Statement / YEAR END STATEMENT.
- VA benefits statements.
- Form 1099 -Unemployment benefits statement.
- Bank Statements – the most current 3 months (full copies) for ALL checking and savings accounts.
- Current statements: CDs, IRA, 401Ks, stocks and/or bonds, money markets, "Surrender Value" of life insurance policies, etc.
- Property Tax Inventory Forms filed in any other town.
- Documentation of any Alimony, Child Support, Rental, and Assistance from others.

If you qualify for the Elderly Exemption, amount will be according to age and percentage of ownership

RSA 72:41 Proration

- 65 – 74 years of age are allowed \$90,100 assessed value deducted from total assessed value.
- 75 – 79 years of age are allowed \$96,000 assessed value deducted from total assessed value.
- 80 + Years of age are allowed \$141,600 assessed value deducted from total assessed value.

INCOME INFORMATION

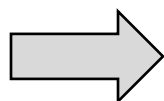
INCOME INFORMATION: For the Period of January 1 thru December 31, (year prior to application)

Please attach additional sheets if necessary and if any of the following categories do not apply, please write N/A.

Did you file a 2021 IRS Tax Return? Yes No If YES, please submit a copy with this application.

(Supporting Documents MUST be submitted with this application)

	Owner	Co-Owner (Spouse)
Social Security Gross Income: Total received for year	\$ _____	\$ _____
Veterans Admin. Disability Gross Income. Total received for year	\$ _____	\$ _____
Wages, Salaries, Tips: Gross Income received for year	\$ _____	\$ _____
Pensions: Total received for year	\$ _____	\$ _____
Interest Income: Total received for year	\$ _____	\$ _____
Dividend Income: Total received for year	\$ _____	\$ _____
Rental Income: Total received for year	\$ _____	\$ _____
Unemployment Income: Total received for year	\$ _____	\$ _____
Stimulus Payments: Total received for year	\$ _____	\$ _____
Gambling/Lottery Winnings: Total received for year	\$ _____	\$ _____
Annuity/IRA/401K Distribution Income: Total received for year	\$ _____	\$ _____
Is anyone, other than your spouse, living with you	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list amount paid toward household annually.	\$ _____	
New Hampshire Housing Assistance Payments received for year	\$ _____	\$ _____
Additional Comments: (attach additional sheets if necessary)	_____	



Total Income for Year: _____

INCOME INFORMATION *continued*

Real Estate: Have you purchased or sold any Real Estate in the last 5 years? Yes No

If yes, please list the Real Estate Purchased/Sold:

<i>Street Address</i>	<i>City/Town, State</i>	<i>Market Value</i>
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Do you own (individually, jointly, in common, fractional, etc.) any other real estate in the U.S. or abroad including homes, land, mobile homes or time shares Yes No IF YES, PLEASE PROVIDE COPY OF **CURRENT TAX BILL**.

If yes, please list other Real Estate or Land owned:

<i>Street Address</i>	<i>City/Town, State</i>	<i>Market Value</i>
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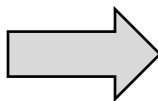
Other Personal Prop/Collections: _____

	<i>Description</i>	<i>Value</i>
Vehicle 1: Make _____ Model _____, Year _____, Miles _____		Value _____
Vehicle 2: Make _____ Model _____, Year _____, Miles _____		Value _____
Vehicle 3: Make _____ Model _____, Year _____, Miles _____		Value _____

Please attach Current full copies of 3 months/or quarterly or annual statements of all Assets:

Checking Account #	Bank Name	Name(s) on account	Balance
Savings Account #	Bank Name	Name(s) on account	Balance
Credit Union Account #	Credit Union Name	Name(s) on Account	Balance
CD Account #	Bank/ Institution Name	Name(s) on Account	Balance

I.R.A. 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	Cash out Value
Annuities Account #	Bank / Institution Name	Name(s) on Account	Balance
Mutual Funds Acct #	Bank / Institution Name	Name(s) on Account	Balance
Life Insurance Policies #	Bank / Institution Name	Name on Account	Cash out Value



Total Assets: _____

Other Assets: _____ \$ _____

I/We, the undersigned, agree to inform within 30 days any change in household circumstances (Income or Assets) to the Town of Bedford Assessing Department. I agree to repay the Town of Bedford, NH for any exemption procured through willful misrepresentation. Misrepresentation or omission of information will result in the denial of exemption.

Initials: _____ Initials _____

I/We, the undersigned authorize any lawyer, banking/lending/financial institution, employer/former employer, utility co. insurance co. Internal Revenue Service, tax preparer/accountant, any town, city, county, state or federal department, or any person, company, organization or agency to release all information concerning my/our financial circumstances to the Town of Bedford, NH Assessors Department. Initials: _____ Initials _____

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

Owner Signature Date

Co-Owner Signature Date



MBLU: _____ PID: _____ LAST NAME: _____ OFFICE USE ONLY

TOWN OF BEDFORD, NH EXEMPTION CERTIFICATION AFFIDAVIT

To Be Read and Acknowledged by The Applicant(s): **I hereby certify under unsworn falsification** that the Exemption application with financial documentation submitted to the Bedford Assessing Dept. for the Exemption **is complete, true and correct.**

*I/We are also a legal resident of New Hampshire for at least 3 consecutive years prior to April 1st of the application year; and one or both are at least 65 years old as of April 1st of the application year.

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

- Owned by a Bedford resident; or jointly or in common with the residents' spouse, either of whom meets the age requirement for the exemption claimed, and they have been married to each other for 5 consecutive years prior to April 1st of the year the exemption is claimed; or
- If owned with someone other than a spouse – Exemption will be according to percentage of ownership.
- I am not receiving any other Exemption or Credit in any other community within New Hampshire and I am not receiving similar benefits in any other state, such as the Florida Homestead Exemption.

I hereby attest that _____ is my primary residence.
Address

Please Be Aware:

- 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 Bedford Assessing Department.
- If your marital status changes you must notify the Bedford Assessing Department.
- A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his official function, he 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 submits or invites reliance on any writing which he/she knows to be lacking in authenticity. 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 _____

Signature of applicant _____

Applicant (print name) _____ Date _____

Address _____ Bedford, NH 03110