

TOWN OF BEDFORD
APPLICATION FOR DEAF/SEVERELY HEARING
IMPAIRED EXEMPTION (RSA 72:38-b)

Please fill out each area carefully. Please make certain that you sign at the end of the form in the signature area provided.

1. PERSONAL INFORMATION

- a. Applicant Name (s): _____
- b. Mailing address: _____
- c. Marital Status: Married: _____ Single: _____ Widow(er): _____
- d. Residence Owned: Solely: _____ With Spouse: _____ *With Other(s): _____
 *Trust: _____ *Joint Tenants: _____ *Tenants in Common: _____
- e. Number of Years owned Residence: _____
- f. I have been a legal resident of New Hampshire since _____
- g. Age: _____ Date of Birth: _____
- h. Do you own real estate other than your occupied NH residence? Yes _____ No _____
 (If yes, please attach a copy of tax bill)

2. INCOME INFORMATION (YEARLY AMOUNTS)

VERIFICATION OF ALL OF THE FOLLOWING MUST BE SUBMITTED

	<u>HUSBAND</u>	<u>WIFE</u>
a. Social Security:	_____	_____
b. Pension & Retirement:	_____	_____
c. Wages:	_____	_____
d. Rental Income:	_____	_____
e. Other Income:	_____	_____ (Please specify)
f. Interest Income:	_____	_____
g. Total Income:	_____	_____

Are you required to file an interest and dividend tax return to the State of New Hampshire, Yes _____ No _____
 If yes, please provide a copy of your return.

Are you required to file an IRS tax return Yes _____ No _____ If yes, please provide a copy of your most recent federal income tax return. If no, please sign the attached Form 8821 authorizing the Town of Bedford to contact the IRS for verification purposes.

3. ASSET INFORMATION

- a. Type of Property for which exemption is claimed: Single-Family _____ Multi-Family _____
- b. If Multi-Family, in which unit do you reside? _____
- c. List value of stocks, bonds, certificates of deposit, money market shares, mutual funds, etc.:
Please list the Market Value.

<i>YOU MUST SUBMIT VERIFICATION OF THESE AMOUNTS</i>

Type _____ Institution: _____ Value: _____

Type _____ Institution: _____ Value: _____

Type _____ Institution: _____ Value: _____

- d. List current balances of all banking and savings accounts in your and your spouses name:

<i>YOU MUST SUBMIT COPIES OF YOUR BANK STATEMENTS</i>
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Savings Accounts: Institution: _____ Balance: \$ _____

Checking Accounts: Institution: _____ Balance: \$ _____

Other Accounts: Institution: _____ Balance: \$ _____

- e. Estimated value of furniture, jewelry, furs, antiques, etc.: \$ _____ (must be filled out).
- f. Vehicles: Please provide the following information: (Please include any RV's) The best estimation is to either call a car dealer or use the value in the Kelley Blue Book.

Car Make _____ Model _____ Year _____ Est. Value \$ _____

Car Make _____ Model _____ Year _____ Est. Value \$ _____

Boat Make _____ Model _____ Year _____ Est. Value \$ _____

RV Make _____ Model _____ Year _____ Est. Value \$ _____

- h. Real Estate: Other than your occupied NH residence, please provide the following information on other real estate:

Property Type _____ Town & State _____ Est. Value \$ _____

Property Type _____ Town & State _____ Est. Value \$ _____

TOTAL 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 of Bedford Assessing Office. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.

Signature _____ Date: _____

Signature _____ Date: _____

REQUIREMENTS, CONDITIONS AND INSTRUCTION
OPTIONAL ADJUSTED DEAF/SEVERELY HEARING
IMPAIRED **EXEMPTION**

- I. RSA 72:43-h provides the following exemptions on ASSESSED VALUE for qualified taxpayers.

For qualifying deaf/severely hearing impaired residents \$35,000

II. **Requirements and Conditions:**

- A. Applicant must have been a resident of New Hampshire for at least five years preceding April 1st of the year in which the application is claimed.
- B. Must own the real estate individually, jointly or if the real estate is owned by his or her spouse, they must have been married and living together for at least five years. If the applicant is the true and lawful owner Beneficial Owner of a Trust, that qualifies under the same guidelines as any other owner of property. The assessor requests a copy of the trust agreement pertaining to the real estate delineating the terms.
- C. The taxpayer must have a net income WHICH NOW INCLUDES SOCIAL SECURITY INCOME PER NEW HAMPSHIRE STATE LAW of less than \$47,080 if single, or if married, a combined net income of less than \$63,720, in the year preceding April 1st.

Net income defined is: income from any source including earnings, social security or pension

This excludes:

1. Life insurance on the death of an insured in the year it is received;
2. Expense and costs in the course of conducting a business enterprise;
3. Proceeds from the sale of assets in the year they are received.

- D. Must own net assets of less than \$150,000 excluding the value of the person's actual residence and the value for a minimum single-family house lot or 2 acres whichever is greater. Additional multi-family units in multi family housing are not excluded and should be listed as an asset.
- E. The application for filing the Elderly Exemption must be filed on or by **April 15 before tax bill.**

III. Eligibility

- A. The Assessor shall examine the application and attached requested documents:
 - 1. Federal Income Tax return for most current filed year;
 - 2. State Interest and Dividend form, if applicable;
 - 3. Tax bill for any property owned other than residence;
 - 4. Trust documents if applicable;
 - 5. Verification of Social Security or pension income.

- B. Any documents submitted shall be considered confidential to protect the privacy of the applicant and will be returned upon request after disposition of application.

- C. The Assessor/Town Council shall grant the application provided:
 - 1. The taxpayer qualifies in all categories;
 - 2. The Town is satisfied that the applicant has not willfully made any false statements and signed under penalty or perjury;
 - 3. The applicant cooperated with request for additional documentation if applicable.

Notification.

- A. The applicant will be informed in writing as to the decision of the Assessor.