

## **DISABLED EXEMPTION INFORMATION**

Town of Fremont NH  
Office of the Select Board  
PO Box 120  
Fremont NH 03044-0120

(603) 895-2226 x 303, 302 or 301

### **Application Criteria**

- I. Applicant must be eligible under Title II or Title XVI of the Federal Social Security Act for benefits to the disabled as of April 1<sup>st</sup> of the tax year applying.
- II. Applicant must have resided in the state of New Hampshire for at least five years prior to year of application.
- III. Applicant must own real estate individually, jointly or in common with the resident's spouse, either of whom meets the requirements for the exemption claimed; owned by a resident jointly or in common with a person not the resident's spouse, if the resident meets the applicable requirements for the exemption claimed; or owned by a 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 five (5) consecutive years.
- IV. Said real estate must be the principal place of abode of the applicant. Applicant must own said property on April 1<sup>st</sup> of the tax year applying.
- V. Property must meet the definition of residential real estate, per RSA 72:39-a I (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.
- VI. 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.
- VII. This application form (5 pages) **MUST** be filed with the State of NH Form PA-29. Both forms are due in the Selectmen's Office by April 15<sup>th</sup> annually.

### **Financial Qualifications and Income Limitations**

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 in the course of conducting a business enterprise
- c) Proceeds from the sale of assets

The income restrictions adopted by the community of Fremont are as follows:

Single Person	\$ 35,000
Married Couple	\$ 45,000

### **Asset Limitations**

To include all net assets excluding the value of the applicant's actual residence and the land upon which it is located up to two acres. The asset restriction adopted by the community of Fremont is \$ 50,000.

### **Exemption Amount**

As of the March 2021 the Town Meeting has adopted the Disabled Exemption in Fremont NH. The exemption amount is \$ 70,000.

### **Documents required for new applicants**

1. SSA – 1099 Statement (Social Security Benefit Statement)
2. Determination letter showing eligibility pursuant to Title II or Title XVI of the Federal Social Security Act.
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, retirement or profit-sharing plans, IRA's, insurance contracts, etc)
4. Any W2 wage statements and 1099 interest statements.
5. Bank statements (most recent 6 months) and verification of assets listed.

Applicants must file with the Select Board Office a permanent application for exemption (PA-29, the pink card application form) with the appropriate documentation. It can also be submitted by mail. If you get this application form from the web, you will print out a PA-29 on white paper.

A completed application consists of this five-page form, and the most updated NH DRA Form PA-29 form, which is a two page document.

If you have any questions, please contact the Fremont Select Board Office at the Town Hall, 295 Main Street. You can reach us by telephone at 895 2226 x 302 or x 303 or by email at [jnygren@fremont.nh.gov](mailto:jnygren@fremont.nh.gov) or [kclement@fremont.nh.gov](mailto:kclement@fremont.nh.gov)

**TOWN OF FREMONT  
DISABLED TAX EXEMPTION QUALIFICATION**

This worksheet is to be completed and submitted along with completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application. Please note the following **Income and Asset Limits** when considering submission of your application:

INCOME LIMITS:      Single \$35,000              Married \$45,000

ASSET LIMIT:              \$50,000

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.

Please print all information clearly:

Applicant's Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**INCOME:**

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

<b>SOURCE: (Net income)</b>	<b>OWNER #1</b>	<b>OWNER #2</b>
Social Security	\$ _____	\$ _____
Pension & Retirement	\$ _____	\$ _____
Wages:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Other Income/Annuities:	\$ _____	\$ _____
Interest Income:	\$ _____	\$ _____
<b>TOTAL INCOME:</b>	\$ _____	\$ _____

If you have filed any of the following for the prior tax year, please provide a copy.

1. Interest and Dividend tax return to the State of NH
2. Federal Income Tax Form

**ASSETS:** Net assets means the value of all assets, tangible and intangible, minus the value of any good faith encumbrances.

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.)

INSTITUTION NAME:	TYPE	VALUE/AMOUNT
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	Checking	
	Savings	
	Savings	
	IRA	
	Other	
	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 \$ \_\_\_\_\_

**REAL ESTATE:** (not including your primary residence)

Property Type \_\_\_\_\_ In Town/State \_\_\_\_\_

\*\* Provide copy of tax bill      Assessed Value    \$ \_\_\_\_\_

Residence means the housing unit, and related structures such as an unattached garage or woodshed, which is the person's principal home, and which the person in good faith regards as home to the exclusion of any other places where the person may temporarily live. Residence shall exclude attached dwelling units and unattached structures used or intended for commercial or other nonresidential purposes and shall exclude excess land over the basic house lot.

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. I release all persons whomsoever from any liability resulting from the release of this information.

Owner 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Owner 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**For Town use only:**

TOTAL ASSETS \$ \_\_\_\_\_

Items verified: \_\_\_\_\_

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**OTHER NOTES:**

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