Town of Hudson Assessing Department
12 School St. , Hudson, NH 03051 / Phone: (603) 886-6009 Fax: (603) 598-6481

DEADLINE TO FILE: April 15, 2026

Disabled Exemption Qualifications RSA 72:37b

Deadline to File: April 15, 2026

Current Exemption Amount: $132,000- property valuation reduction

Eligibility:
The Disabled Exemption from property tax in the Town of Hudson shall apply to any person under the age of 65 who is eligible under **Title II** or **Title XVI** of the Federal Social Security Act for benefits to the disabled and is applied on a yearly basis.

The Exemption may be applied only to the property occupied by the Disabled as the principal place of abode. The exemption may be applied to any land or buildings appurtenant to the residence or to manufactured housing if that is the principal place of abode.

Applicant must have been a New Hampshire resident for at least five (5) years

Applicant must have owned the residence by April 1st individually or jointly:
Or, if the residence is owned by a spouse, they must have been married to each other for at least five (5) consecutive years.

Applicant Net Assets must not exceed: ***$160,000***
Includes all tangible and intangible assets minus encumbrances, excluding the value of the dwelling, and up to (2) acres of land.

Applicant, if Single, must have a Net Income less than: ***$ 50,000***

If Married, must have a combined Net Income less than: ***$ 60,000***

Important to Note: Net Income is to be determined by:
Deducting from all monies received from any source whatsoever, the amount of any of the following, or the sum thereof:

A. Life insurance paid on the death of the insured
B. Expenses and costs incurred in the course of conducting a business enterprise
C. Proceeds from the sale of assets

Applicant must bring in copies of the following:

- Proof of Age
- Social Security 1099 Benefit Statement(s) **and** current Benefit Letter
- W-2's, 1099's, etc - If Applicable – for 2025
- End–of–year 2025 Bank Statement(s) from All Banks/All Pages – Including Checking, Savings, Stocks, Bonds, Certificates of Deposit, Money Markets, Mutual Funds, IRAs, etc.
- Dividend Statement(s) & Interest Income Statement(s) – for 2025
- 401k Statement(s) – for December 2025
- 457b statement(s) – for December 2025
- Federal Income Tax Return – for 2025
- Trust Document (incl Schedule of Trust Assets) & Statement of Qualification Form (PA-33) - If Applicable

TOWN OF HUDSON-APPLICATION FOR DISABLED EXEMPTION (Page 1 of 2)

RSA 72:37b DEADLINE TO FILE: April 15, 2026

Name of Applicant:	**Name of Spouse:**
Property in a Trust? Yes: ☐ No: ☐	**Name of Trust:** Full copy must be provided
Applicant's Date of Birth:	**Spouse's Date of Birth:**
Address:	**Telephone:** **Email** (optional):
Map/Lot:	
Date of marriage:	**Single: ☐ Married: ☐ Widow(er): ☐**
Residence is Owned...: (Please check applicable box to the right)	**Individually: ☐ With Spouse: ☐** **With Others: ☐ In Trust: ☐** **Joint Tenants: ☐ Tenants in Common: ☐** **% Owned:**
I have lived in New Hampshire for consecutive years since:	**Year:**
Previous Address, if less than five (5) years in New Hampshire:	
Have you ever received a Disabled Exemption from any <u>other</u> community in New Hampshire, or other state(s)?	**Yes: ☐ No: ☐** **If yes, name of other community:**

- INCOME INFORMATION - (Enter in Yearly Amounts) -	**APPLICANT**	**SPOUSE**
Social Security - for 2025 (Gross Amount): (Includes Supplemental Security Income-SSI	$	$
Pension & Retirement - for 2025: (Includes VA compensation, Railroad Retirement, etc.)	$	$
Wages - for 2025: (Include W-2 & 1099-MISC, etc.):	$	$
Other Income - for 2025: (Includes Unemployment, IRA, 401k, 457b Distributions, Annuities etc.)	$	$
Interest Income - for 2025:	$	$
Dividends Received - for 2025: (Includes any Stock, Bonds, Capitals Gains, etc.)	$	$
Other Income Received - for 2025: (Includes any financial assistance from others, IE: NH Housing assistance)	$	$
Rental Income Received - for 2025: (Includes any financial assistance from persons living in household)	$	$
Other Income <u>not</u> listed above - for 2025: (IE: lottery & gambling winnings, Stimulus)	$	$
Total 2025 Income:	$	$
Verification of the above MUST be submitted		
Life Insurance Payment(s) Received? If yes, amount?	**Yes: ☐ No: ☐**	$
Are you required to file an IRS Tax Return for 2025? provide full and true copy of 2025 return	**Yes: ☐**	**No: ☐**

TOWN OF HUDSON-APPLICATION FOR DISABLED EXEMPTION (Page 2 of 2)

- ASSET INFORMATION - (Enter in Yearly Amounts) - Type of property for which exemption is being claimed: If multi-family, in which unit # do you reside?	Single Family: ☐	Multi-Family: ☐ Unit #:
VALUE OF FUNDS AS OF 12/31/2025 List the year-end market value of Stocks, Bonds, Certificates of Deposit, Money Markets, Mutual Funds, IRAs, 401Ks, 457b, Whole Life Insurance, Trust Assets, etc. (Use additional pages if necessary)	Type: Institution: Value:	_____ _____ $
	Type: Institution: Value:	_____ _____ $
	Type: Institution: Value:	_____ _____ $
VALUE OF BANK ACCOUNTS AS OF 12/31/2025 List year-end balances of all bank accounts in your (and your spouse's) name – if applicable): You must submit copies of your year-end bank statement(s) from all banks including all pages.	Checking: Institution: Balance:	_____ _____ $
	Savings: Institution: Balance:	_____ _____ $
	Other: Institution: Balance:	_____ _____ $
VALUE OF VEHICLES AS OF 12/31/2025 Please provide the following vehicle information: Please call dealer or use Kelley Blue Book to get the estimated value. (Includes Cars, Trucks, Boats, RV's, Motorcycles, etc.)	Make: Model: Year: Mileage: Est. Value:	_____ _____ _____ _____ $
	Make: Model: Year: Mileage: Est. Value:	_____ _____ _____ _____ $
Other Tangible Assets of value	Est. Value:	_____ _____ _____ _____ $
Verification of the above MUST be Submitted - Total 2025 Assets:	$	$

OTHER REAL ESTATE		
Current mortgage on your Hudson, NH residence?	Balance:	$
Bank holding mortgage? Please provide copy of mortgage statement.	Bank Name:	
Do you own any other real estate other than your Hudson, NH residence? (IE: Home, Mobile Home, Vacant Land) If yes, please provide a copy of the most recent tax bill for these properties.	Yes: ☐ Property Type: Town & State: Est. Value:	No: ☐ _____ _____ $

I swear, under the 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 Hudson Assessing Department. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.

Date: _____	Date: _____
Applicant's Signature:	Spouse's Signature: