

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

Current Exemption Amounts:

Elderly

Exemption

Qualifications

RSA 72:39a + RSA 72:39b

- **Age 65-74** (\$132,000 Property Valuation Reduction)
- Age 75-79 (\$156,000 Property Valuation Reduction)
- Age 80+ (\$233,000 Property Valuation Reduction)

Applicant must be 65 years of age:

On or before April 1st in the year they are applying for the exemption.

Applicant must have been a New Hampshire resident for three (3) years, consecutively: Prior to April 1st.

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 for at least five (5) consecutive years.

If Applicant received a transfer of real estate from a person under the age 65:

Related to him by blood or marriage, within the preceding five (5) years, no exemption shall be allowed - RSA 72:40-a, limitations.

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

Deadline to File: **April 15, 2026**

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 Benefit Statement(s) for 2025
- 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 ELDERLY EXEMPTION (Page 1 of 2) RSA 72:39a + RSA 72:39b DEADLINE TO FILE: April 15. 2026

NOA 12.398 + NOA 12.390 DE	EADLINE TO FILE. April 13, 2020	
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: In Trust: Joint Tenants: Tenants in Common: % Owned:	
I have lived in New Hampshire for consecutive years since:	Year:	
Previous Address if less than three (3) years in NH:		
Have you ever received an elderly exemption from any <u>other</u> community in New Hampshire, or other state(s)?	Yes: ☐ No: ☐ If yes, name of other community and state:	
- INCOME INFORMATION - (Enter in Ye	arly Amounts) - APPLICANT SPOUSE	

- 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)	s	\$
Verification of the above MUST be submitted		TOTAL STATE
Total 2025 Income:	\$	\$
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 ELDERLY EXEMPTION (Page 2 of 2) **ASSET INFORMATION** Single Multi-Family: Type of property for which exemption is being claimed: Family: Unit #: If multi-family, in which unit # do you reside? Type: **VALUE OF FUNDS AS OF 12/31/2025** Institution: Value: Type: List the year-end market value of Stocks, Bonds, Certificates Institution: of Deposit, Money Markets, Mutual Funds, IRAs, 401Ks, 457Bs, Value: Whole Life Insurance, Trust assets, etc. (Use additional pages if necessary) Type: Institution: Value: Checking: VALUE OF BANK ACCOUNTS OF 12/31/2025 Institution: Balance: List year-end balances of all bank accounts in your Savings: (and your spouse's name - if applicable): Institution: Balance: You must submit copies of your year-end bank statement(s) Other: from all banks including all pages. Institution: Balance: Make: VALUE OF VEHICLES AS OF 12/31/2025 Model: Year: Mileage: Please provide the following vehicle information: Est. Value: Make: Please call dealer or use Kelley Blue Book to get the estimated Model: value. Year: Mileage: (Includes Cars, Trucks, Boats, RV's, Motorcycles, etc.) Est. Value: Other Tangible Assets of value Est. Value: Verification of the above MUST be Submitted - Total 2025 Assets: **REAL ESTATE** Balance: Current mortgage(s) on your Hudson, NH residence? Bank holding mortgage(s)? Please provide copy of mortgage Bank Name: statement. Yes: No: □ Do you own any other real estate other than your Hudson, NH **Property Type:** residence? (IE: Home, Mobile Home, Vacant Land) If yes, Town & State: please provide a copy of the most recent property tax bill for these Est. Value: properties. 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. 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: