



# TOWN OF HUDSON

Office of the Assessor

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## WELCOME TO THE TOWN OF HUDSON, NH

The Town of Hudson offers the following Property Tax Exemption for those residents who qualify. The requirements for this exemption are listed below.

***PLEASE NOTE: STATUTORY DEADLINE TO APPLY FOR ALL EXEMPTIONS IS APRIL 15, 2024***

### Elderly Exemption

- a) Must be a NH resident for at least three (3) consecutive years preceding April 1st in the year of application;
- b) Must be 65 years of age or older by April 1 in the year of application;
- c) Total income not to exceed \$45,000 if single / \$55,000 if married; **\*\$50,000 single /\$60,000 married**
- d) Total net assets not to exceed \$160,000 –not including your residence.

The exemption amount to be deducted from the Assessed Value of your home is as follows;

- a) Age 65 through 74 years - \$121,000 off; **\* \$132,000**
- b) Age 75 through 79 years - \$144,000 off; **\* \$156,000**
- c) Age 80 years and above - \$173,000 off. **\* \$233,000**

**NOTE:** The 2024 Town voting session on Tuesday, March 12, 2024 will include a warrant article to makes changes including increasing the **income** allowed: from \$45,000 to \$50,000 if single and \$55,000 to \$60,000 if married, Net Asset amount anticipated to remain the same, and exemption amounts anticipated to increase. All of the proposed changes are marked with an asterisk \* above.

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

**RSA 72:39a + RSA 72:39b DEADLINE TO FILE: APRIL 15, 2024**

Name of Applicant:	Name of Spouse:
Property in a Trust? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Name of Trust: Full copy must be provided
Applicant's Date of Birth:	Spouse's Date of Birth:
Address:	Telephone: Email (optional):
Map/Lot:	
Marital Status:	Single: <input type="checkbox"/> Married: <input type="checkbox"/> Widow(er): <input type="checkbox"/>
Residence is Owned...: (Please check applicable box to the right)	Individually: <input type="checkbox"/> With Spouse: <input type="checkbox"/> With Others: <input type="checkbox"/> In Trust: <input type="checkbox"/> Joint Tenants: <input type="checkbox"/> Tenants in Common: <input type="checkbox"/> % 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: <input type="checkbox"/> No: <input type="checkbox"/> If yes, name of other community and state:

- INCOME INFORMATION - (Enter in Yearly Amounts) -	APPLICANT	SPOUSE
Social Security - for 2023: <u>(Gross Amount)</u> (includes Supplemental Security Income- SSI)	\$	\$
Pension & Retirement - for 2023: (includes VA compensation)	\$	\$
Wages - for 2023: (Include W-2, 1099-MISC, etc.):	\$	\$
Other Income - for 2023: (Includes Unemployment, IRA & 401K Distributions, Annuities, etc.)	\$	\$
Interest Income - for 2023:	\$	\$
Dividends Received - for 2023: (Includes any Stock, Bonds, Capitals Gains, etc.)	\$	\$
Other Income Received - for 2023: (Includes any financial assistance from others. IE: NH Housing assistance)	\$	\$
Rental Income Received - for 2023: (Includes any financial assistance from persons living in household)	\$	\$
Other Income <u>not</u> listed above - for 2023: (IE: lottery & gambling winnings, Stimulus)	\$	\$
Verification of the above MUST be submitted		
Total 2023 Income:	\$	\$
Life Insurance Payment(s) Received? If yes, amount?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$
Are you required to file an Interest and Dividend Tax Return to the State of New Hampshire?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you required to file an IRS Tax Return for 2023? -Provide Full and True Copy of 2023Return-	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

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

<b><u>ASSET INFORMATION</u></b>		Single Family: <input type="checkbox"/>	Multi-Family: <input type="checkbox"/>
Type of property for which exemption is being claimed: If multi-family, in which unit # do you reside?			Unit #:
<b><u>VALUE OF FUNDS AS OF 12/31/2023</u></b>		Type: _____ Institution: _____ Value: \$ _____	
List the market value of Stocks, Bonds, Certificates of Deposit, Money Markets, Mutual Funds, IRAs, 401Ks, Whole Life Ins, etc. (Use additional pages if necessary)		Type: _____ Institution: _____ Value: \$ _____	
		Type: _____ Institution: _____ Value: \$ _____	
		Type: _____ Institution: _____ Value: \$ _____	
<b><u>VALUE OF BANK ACCOUNTS OF 12/31/2023</u></b>		<b>Checking:</b> _____ Institution: _____ Balance: \$ _____	
List current balances of <u>all</u> bank accounts in your (and your spouse's name – if applicable):  You <u>must</u> submit copies of your year-end bank statement(s) from <u>all banks</u> including <u>all pages</u> .		<b>Savings:</b> _____ Institution: _____ Balance: \$ _____	
		<b>Other:</b> _____ Institution: _____ Balance: \$ _____	
<b><u>VALUE OF VEHICLES AS OF 12/31/2023</u></b>		Make: _____ Model: _____ Year: _____ Mileage: _____ Est. Value: \$ _____	
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.) Other Tangible Assets of value		Make: _____ Model: _____ Year: _____ Mileage: _____ Est. Value: \$ _____	
		Est. Value: \$ _____	
Verification of the above MUST be Submitted - Total 2023 Assets:		\$ _____	\$ _____
<b><u>REAL ESTATE</u></b>			
Current mortgage(s) on your Hudson, NH residence?		Balance: \$ _____	
Bank holding mortgage(s)? Please provide copy of mortgage statement.		Bank Name: _____	
Do you own <u>any other</u> real estate other than your Hudson, NH residence? (IE: Home, Mobile Home, Vacant Land) If yes, please provide a copy of the most recent property tax bill for these properties.		Yes: <input type="checkbox"/> Property Type: _____ Town & State: _____ Est. Value: \$ _____	No: <input type="checkbox"/>
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 office. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.			
Date: _____ Applicant's Signature: _____		Date: _____ Spouse's Signature: _____	