



# CITY OF CONCORD, NEW HAMPSHIRE

ASSESSING DEPARTMENT  
CITY HALL, 41 GREEN STREET, 03301  
(603) 225-8550 Fax (603) 225-8534

## 2026 ELDERLY EXEMPTION GUIDELINES

### FILING PERIOD:

- After January 1, 2026 (You will need all 2025 year-end statements)
- Deadline is April 15, 2026.

### TO QUALIFY YOU MUST:

- Be 65 years of age and owner of record as of April 1, 2026, or have retained a Life Estate;
- Be a NH resident for three years prior to April 1, 2026;
- Reside at the property where exemption is being applied for;
- An applicant who has owned the residence as of April 1, individually or jointly; or if a spouse owns the residence, the couple must have been married or in civil union for five years or more;
- If the applicant received a transfer of real estate from a person under the age of 65 who is related to the applicant by blood or marriage within the preceding 5 years, no exemption shall be allowed, pursuant to RSA 72:40a, limitations.

### INCOME LIMITATION:

- \$44,100 Gross Income limitation for single, widowed, or divorced
- \$63,000 Gross Income limitation for married/civil union

### ASSET LIMITATION:

- \$150,000 Asset limitation for single and married taxpayers (excluding the value of your primary residence)

#### Assets Include:

- All personal property such as cars, trucks, RV's, trailers, antiques;
- Checking and savings account balances; **December 2025 and January 2026 bank statements – "all pages"**.
- CD's, IRA's, mutual funds, stocks, bonds, annuities, money markets, etc., life insurance policies; (Supporting documents must be supplied, up to and including the balance as of December 31, 2025).
- Any other real estate owned in Concord or elsewhere (individually, jointly, in common, fractional) including land, manufactured homes, condos, timeshares, etc.

### DOCUMENTS THAT MUST BE PROVIDED:

- 2025 Federal Income Tax return with all schedules, including all W2's, 1099's, etc.;
- 2025 Social Security Benefit Statements;
- 2025 VA Benefits Statements;
- 2025 State Interest and Dividends Tax Forms;
- Bank Statements – Full copies (**all pages**) of December **and** January statements for all checking and savings accounts;
- Statements for CD's, IRA's, 401K's, stocks and/or bonds, surrender value of life insurance policies money market, etc., (full copies); showing the value as of **December 31, 2025**;
- Property Tax Inventory Forms and property tax bills for real estate in any other city, town or state;
- Driver's license, State ID, Passport, **OR** birth certificate;
- Documentation of any fuel, electric, rental, or any assistance from others;
- A completed Permanent Application, Form PA-29
- A signed copy of Trust, Trust Amendments, and a completed Form PA-33, if the property is held in a Trust.

### QUALIFIED APPLICANTS RECEIVE THE FOLLOWING EXEMPTION:

- 65 – 74 years of age are allowed up to \$80,000 in assessed value deducted from total assessed value;
- 75 – 79 years of age are allowed up to \$131,000 in assessed value deducted from total assessed value;
- 80+ years of age are allowed up to \$223,000 in assessed value deducted from total assessed value.



# CITY OF CONCORD

## Elderly Exemption Application – Tax Year 2026

To be completed by owner seeking Tax Exemption, Per RSA 72:39a

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

Owner's Name: \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_\_

Co-Owner/Spouse Name: \_\_\_\_\_ Co-Owner's Date of Birth: \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Email address: \_\_\_\_\_ Is it ok to communicate via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Is this your primary place of abode? Yes \_\_\_\_\_ No \_\_\_\_\_

Life Estate/Trust Name (if applicable): \_\_\_\_\_

**(If property is owned by a Trust, a PA-33 must be completed with a full copy of Trust)**

Is the property a multi-family home? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you receiving a deduction or exemption from any other City or Town? Yes \_\_\_\_\_ No \_\_\_\_\_

### INCOME INFORMATION for the period of January 1 to December 31, 2025

Please answer all questions; **if any of the following categories do not apply, please write N/A.**

Supporting documents must be submitted with this application; items in bold are examples of supporting documents and are not limited to the ones listed.

	Owner	Co-Owner (Spouse)
1. Social Security (gross, annual) <b>(1099-SSA)</b>	\$ _____	\$ _____
2. Social Security Disability Income	\$ _____	\$ _____
3. VA Benefits (Pension/Disability Income)	\$ _____	\$ _____
4. Wages/Salaries (gross) <b>(W-2's)</b>	\$ _____	\$ _____
Tips (gross)	\$ _____	\$ _____
5. Pensions <b>(1099-r's)</b>	\$ _____	\$ _____
Annuities <b>(1099-r's)</b>	\$ _____	\$ _____
401k, IRA's <b>(1099-r's)</b>	\$ _____	\$ _____
6. All Interest Income (total of all accounts) <b>(1099-INT's)</b>	\$ _____	\$ _____
7. All Dividend Income (total of all accounts) <b>(1099-DIV's)</b>	\$ _____	\$ _____
8. Real Estate Rental Income (Annual Amount)		\$ _____
9. Other Income (Fuel, Electric Assistance, SSI, gambling, lottery)		\$ _____
10. Is anyone other than a spouse or co-owner living with you?		Yes _____ No _____
11. If Yes, please list amount of assistance received		\$ _____
If Yes, please list amount of bills, or rent paid annually		\$ _____

**TOTAL 2025 INCOME** \$ \_\_\_\_\_

**OTHER 2025 RECEIVABLES:**

- 1. Proceeds from sale of assets (home, stock, bonds, etc.) \$ \_\_\_\_\_
- 2. Business enterprise expenses & costs \$ \_\_\_\_\_
- 3. Life Insurance payments received \$ \_\_\_\_\_

**CURRENT ASSET INFORMATION** as of **December 31, 2025**. All items must be answered, therefore, **if any of the following categories do not apply, please write N/A.**

12. Do you own (individually, jointly, in common, fractional, etc.) any other real estate in Concord or anywhere else, including homes, land, manufactured homes, or time shares: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, other Real Estate: \_\_\_\_\_  
 (Street Address, City/Town/State) \_\_\_\_\_ Market Value \_\_\_\_\_

**(If applicable, please attach a copy of the final property tax bill for 2025)**

13. Other Personal Property: (a) \_\_\_\_\_  
 Description Value  
 (b) \_\_\_\_\_  
 Description Value

14. Vehicle 1 Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Mileage: \_\_\_\_\_ Value: \_\_\_\_\_  
 Vehicle 2 Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Mileage: \_\_\_\_\_ Value: \_\_\_\_\_  
 Vehicle 3 Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Mileage: \_\_\_\_\_ Value: \_\_\_\_\_

**15. Please provide all pages of the statement showing the balance of each account as of December 31, 2025.**

Checking Acct # (last 4 digits)**	Bank/Institution Name	Balance

**\*\*Please provide statements for December 2025 & January 2026**

Savings Acct # (last 4 digits)**	Bank/Institution Name	Balance

**\*\*Please provide statements for December 2025 & January 2026**

CD Acct # (last 4 digits)	Bank/Institution Name	Balance

Money Market Acct # (last 4 digits)	Bank/Institution Name	Balance

IRA Acct # (last 4 digits)	Bank/Institution Name	Balance

Mutual Fund Acct # (last 4 digits)	Bank/Institution Name	Cash Out Value

Annuity Acct # (last 4 digits)	Bank/Institution Name	Cash Out Value

Stocks/Bonds Acct # (last 4 digits)	Bank/Institution Name	Cash Out Value

Life Insurance Policy # (last 4 digits)	Insurance Co/Institution Name	Cash Out Value

16. Other Assets (Explain): \_\_\_\_\_ Value \_\_\_\_\_

Assets disclosed by the applicant on this application will be verified through all resources available to the City of Concord Assessing Department.

**TOTAL CURRENT ASSETS**      \$ \_\_\_\_\_

17. Did you file an income tax return for 2025? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, a copy needs to be submitted with your application.**

18. Have you filed a 2025 State of NH Interest and Dividend tax form? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*

I/We, the undersigned, agree to repay the City of Concord, NH, for any exemption procured through willful misrepresentation. Misrepresentation or omission of information may result in denial of exemption from the City of Concord, NH.

Any change in household circumstances (income or assets) must be reported to the Assessor's Office within 30 days. Failure to do so may result in suspension of assistance. I/We swear, under penalty of perjury, and certify that the information provided in the application, including income and asset statements, is true to the best of my/our knowledge.

My/Our signature(s) below constitute(s) the granting of my/our authority for the City of Concord, NH, to obtain verification and/or proof from all sources concerning my/our household's circumstances.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Owner's Signature                      Date                      Co-Owner's Signature                      Date

**RETURN FINANCIALS AFTER REVIEW**     

**SHRED FINANCIALS**