

City of Berlin, NH

Assessor's Office

168 Main Street, Berlin, NH 03570
(603) 752-5245, berlinnh.gov



ELDERLY & DISABLED DEFERRAL GUIDELINES

A TAX DEFERRAL IS A POSTPONEMENT OF PAYMENT OF TAXES WHICH ACCRUES INTEREST AT A RATE OF 5%.

FILING PERIOD:

- After the December tax bills are mailed out
- Deadline is March 1st of the following year

TO QUALIFY YOU MUST:

- Be at least 65 years of age; **OR** eligible under Title II or Title XVI of the federal Social Security Act for benefits for the disabled
- Have owned the homestead for at least 5 consecutive years if the person qualifies as an elder applicant, **OR** has owned the homestead for at least one year if the person qualifies as a disabled applicant
- Be living in the home
- If property is subject to a mortgage, the mortgage holder must approve in writing
- A tax deferral may be granted for all or part of property taxes due for the year being applied for, if in the opinion of the assessing officials the tax liability causes the taxpayer an undue hardship or possible loss of the property.
- The Financial Questionnaire must be completed in full and accompanying all requested documents.

IF YOUR APPLICATION FOR TAX DEFERRAL IS APPROVED

- A lien is placed on your property
- There is an annual interest of 5% added to the deferral amount
- The total of tax deferrals shall not be more than 85% of the property's equity value
- You may repay the City at any time you are able
- When the owner of a property subject to a tax deferral dies, the heirs, heirs-at-law, assignee, or devisee shall have first priority to redeem the estate by paying in full the deferred taxes plus any interest due. If the heirs, heirs-at-law, assignees, or devisees do not redeem the property within 9 months of the date of death of the property owner, the municipality may commit the accrued amount of the deferral to the collector of taxes with a warrant signed by the assessing officials requiring him or her to collect it.
- When the owner of a property subject to a tax deferral sells or otherwise conveys the property, the owner or grantee shall pay in full the deferred taxes plus any interest due and the municipality shall provide recorded written release or satisfaction of the notice of tax deferral. If the owner or grantee, who shall be deemed to have notice of and shall take title to the property subject to the notice of tax deferral, does not pay the accrued amount on the property within 9 months of the date of sale or conveyance of the property, the municipality may commit the accrued amount of the deferral to the collector of taxes with a warrant signed by the assessing officials requiring him or her to collect it.

You must notify the Assessor's Office of any change in address or status.

FORM
PA-30

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ELDERLY AND DISABLED TAX DEFERRAL APPLICATION

DUE MARCH 1 FOLLOWING THE NOTICE OF TAX

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION					
	OWNER			If required, is a PA-33 on file?		
	<input type="text"/>			<input type="radio"/> YES	<input type="radio"/> NO	
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME			MI
	<input type="text"/>		<input type="text"/>			<input type="text"/>
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME			MI
	STREET ADDRESS <input type="text"/>					
MAILING ADDRESS (if different from above) <input type="text"/>						
CITY/TOWN			STATE	ZIPCODE		
STEP 2 PROPERTY LOCATION	PROPERTY LOCATION					
	STREET <input type="text"/>					
	CITY/TOWN			COUNTY <input type="text"/>		
	NUMBER OF ACRES	TAX MAP	BLOCK	LOT	BOOK	PAGE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STEP 3 TO BE COMPLETED BY PROPERTY OWNER	(a) Tax year for which the deferral is requested	<input type="text"/>				
	(b) Amount of requested tax deferral	<input type="text"/>				
	(c) Amount of tax bill	<input type="text"/>				
	(d) Is the applicant:	YES	NO			
	65 or older and has owned homestead for five (5) consecutive years; or	<input type="radio"/>	<input type="radio"/>			
	Receives benefits under Title II or Title XVI of the Federal Social Security Act and has owned homestead for one year; and	<input type="radio"/>	<input type="radio"/>			
	Living in the home?	<input type="radio"/>	<input type="radio"/>			
STEP 4 OWNER SIGNATURES	I understand that upon approval of this application by the municipal assessing officials, a lien shall be created against the above described property, pursuant to RSA 72:38-a. My signature below indicates my agreement with the obligation incurred against the property described in Step 2 above. Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.					
	<input type="text"/>		SIGNATURE (IN INK)	DATE		
	<input type="text"/>		SIGNATURE (IN INK)	DATE		
	<input type="text"/>		SIGNATURE (IN INK)	DATE		
	<input type="text"/>		SIGNATURE (IN INK)	DATE		
	<input type="text"/>		SIGNATURE (IN INK)	DATE		

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELDERLY AND DISABLED TAX DEFERRAL APPLICATION

STEP 5 APPROVAL BY THE MORTGAGEE	By signing below, the mortgagee signifies that they do approve and are duly notified that upon approval of this application by the municipal assessing officials, a lien shall be created against the above described property, pursuant to RSA 72:38-a, III.		
	NAME OF MORTGAGE HOLDER _____		
	SIGNATURE OF OFFICER OR AGENT FOR MORTGAGEE _____	TITLE _____	DATE _____

TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

STEP 6 AMOUNT OF TAXES DEFERRED	(a) Amount of tax deferred in prior years _____	(b) Amount of tax deferred in current year _____	(c) Total amount of taxes deferred [6(a) + 6(b)] _____	
STEP 7 PERCENT OF EQUITY VALUE ENCUMBERED	(a) Enter the percentage of total equity value of the property encumbered in prior years _____	(b) Enter the percentage of total equity value of the property encumbered in current year _____	(c) Percentage of total equity value the property encumbered for: All Years [7(a) + 7(b)] _____	
STEP 8 MUNICIPAL DECISION	<input type="checkbox"/> Elderly Tax Deferral <input type="checkbox"/> Disabled Tax Deferral	GRANTED DENIED	AMOUNT _____	DATE _____
	For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)			
	Reason for Denial _____			
STEP 9 APPROVAL OF A MAJORITY OF SELECTMEN / MUNICIPAL ASSESSING OFFICIALS	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____	
	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____	
	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____	
	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____	
	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____	
	PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____	

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELDERLY AND DISABLED TAX DEFERRAL APPLICATION

WHO MAY FILE	Under the provisions of RSA 72:38-a, I, any resident property owner may apply for a tax deferral if they: <ul style="list-style-type: none"> ● Are either at least 65 years of age or eligible under Title II or Title XVI of the Federal Social Security Act for benefits for the disabled; ● Have owned the homestead for at least five consecutive years if elderly or at least one year if disabled; and ● Are living in the home.
WHEN TO FILE	The completed Form PA-30 shall be filed by March 1 following the date of notice of tax. Example: If you are applying for a tax deferral from your 2014 property taxes, which are due no earlier than December 1, 2014, then you have until March 1, 2015 to file this form.
WHERE TO FILE	Once completed and signed in ink, this form shall be filed as follows: Original: Register of Deeds Copy: To the Selectmen / Municipal Assessing Officials of the municipality of your primary residence Copy: Property Owner
TAX DEFERRAL PROVISIONS	<p>The municipal assessing officials may annually grant a person qualified under this paragraph a tax deferral for all or part of the taxes due, plus annual interest at five percent, if in their opinion the tax liability causes the taxpayer an undue hardship or possible loss of the property. The total of tax deferrals on a particular property shall not be more than 85 percent of its equity value.</p> <p>A tax deferral shall be subject to any prior liens on the property and shall be treated as such in any foreclosure proceedings.</p> <p>If the property is subject to a mortgage, the owner must have the mortgage holder's approval of the tax deferral. Such approval does not grant the town a preferential lien.</p>
APPEALS	<p>The municipal assessing officials shall send written notice advising the taxpayer of their decision to grant or deny the request for exemption by July 1. Failure of the municipal assessing officials to respond shall constitute a denial of the application.</p> <p>If an application for a property tax deferral is denied, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the County Superior Court in the county where the property is located. Example: If you were denied a deferral from your 2014 property taxes, you have until September 1, 2015 to appeal.</p> <p>Forms for appealing to the Board of Tax and Land Appeals may be obtained from the New Hampshire Board of Tax and Land Appeals, 107 Pleasant Street, Concord, NH 03301, by calling (603) 271-2578 or by visiting their website at www.nh.gov/btla. Be sure to specify that you are appealing the Elderly or Disabled Tax Deferral application denial.</p>
ADA COMPLIANCE	Individuals who need auxiliary aids for effective communication in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.
NEED HELP	Contact your local municipality or the Municipal and Property Division at (603) 230-5950; or visit the department's website at www.revenue.nh.gov/forms .

LINE-BY-LINE INSTRUCTIONS

STEP 1	Enter the complete name and address of the property owner(s) requesting a tax deferral under RSA 72:38-a.
STEP 2	Enter the location, street address, municipality, county, number of acres, tax map, block and lot numbers, and book and page numbers of the property for which the RSA 72:38-a, deferral is requested.
STEP 3	<ul style="list-style-type: none"> (a) Enter the tax year for which the deferral is requested. (b) Enter the amount of the requested tax deferral. (c) Enter the amount of the tax bill for the year of this application. (d) Check the appropriate boxes to indicate that all of the qualification requirements have been met.
STEP 4	ALL property owners of record must type or print their full name, sign and date in ink, acknowledging that they understand and agree to the obligation incurred against the property by electing a deferral of taxes under RSA 72:38-a. If there are more than four owners, submit a supplemental list of names and signatures.
STEP 5	Enter the name of the mortgage holder and obtain the signature of an authorized agent for the mortgage holder.
STEP 6	<p>The municipal assessing officials shall complete this step.</p> <ul style="list-style-type: none"> (a) Enter the amount of taxes deferred in prior years. (b) Enter the amount of tax requested for deferral in the current year. (c) The total amount of the tax deferral (Step 6(a) plus Step 6(b)).
STEP 7	<p>The municipal assessing officials shall complete this step.</p> <ul style="list-style-type: none"> (a) Enter the percentage of the total equity value encumbered under RSA 72:38-a in prior years. (b) Enter the percentage of the total equity value encumbered under RSA 72:38-a in the current year. (c) The percentage of the total equity value encumbered for all years combined (Step 7(a) plus Step 7(b)). <p>If the result of Step 7(c) exceeds 85 percent, this application will be denied pursuant to RSA 72:38-a, I.</p>
STEP 8	The municipal assessing officials shall complete this step. Check applicable box for type of tax deferral. Check whether tax deferral was granted or denied. If granted, enter dollar amount granted. Enter date tax deferral was granted.
STEP 9	Signatures of a majority of the local Selectmen or municipal assessing officials on the lines provided indicates approval.

City of Berlin, NH

Elderly & Disabled Tax Deferral Application



FIRST TIME APPLICANT _____ PREVIOUS APPLICANT _____

Property Address: _____

Owner's Name: _____ Owner's DOB: _____

Co-Owner's/Spouse Name: _____ Co-Owner's DOB: _____

Married _____ Single _____ Divorced _____ Widowed _____

Are you applying as: Elderly age 65+ _____ (must supply a copy of your license or birth certificate)
or Disabled under Title II of Title XVI _____ (must supply proof of disability qualification)

Property owner since: (date) _____ Is this your primary place of abode? Yes _____ No _____

Is your property listed in a Life Estate or Trust Name: _____
(If property is owned by a Trust, a PA-33 must be completed with a full copy of Trust)

INFORMATION REQUESTED IS FOR CALENDAR YEAR 2023

INCOME INFORMATION FOR OWNER AND CO-OWNER

1. Please answer all questions; if any of the following categories do not apply, please write N/A.
2. Supporting documents **must be submitted** with this application; items in bold are examples of supporting documents and are not limited to the ones listed.

ANNUAL 2023 INCOME

	OWNER	CO-OWNER/SPOUSE
3. Social Security (1099-SSA)	\$ _____	\$ _____
4. Social Security Disability Income	\$ _____	\$ _____
5. VA Benefits	\$ _____	\$ _____
6. Wages/Salaries-Gross (W-2's)	\$ _____	\$ _____
7. Pensions & Retirement(1099-R's)	\$ _____	\$ _____
8. 401K, IRA'S , Annuities (1099-R'S)	\$ _____	\$ _____
9. All Interest Income (1099-INT's)	\$ _____	\$ _____
10. All Dividend Income (1099-DIV's)	\$ _____	\$ _____
11. Real Estate Rental Income	\$ _____	\$ _____
12. AFDC/TANF	\$ _____	\$ _____
13. Heating/Fuel Assistance	\$ _____	\$ _____
14. Electricity Assistance	\$ _____	\$ _____

15. Welfare (City or State)	\$ _____	\$ _____
16. Other Income Not listed Above		
(type _____)	\$ _____	\$ _____
(type _____)	\$ _____	\$ _____
TOTAL ANNUAL INCOME	\$ _____	\$ _____

EXPENSES INFORMATION FOR OWNER AND CO-OWNER

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. This is ACTUAL amount spent, not what is owed.

AVERAGE ANNUAL 2023 EXPENSES

1. Mortgage Payment	\$ _____
2. Food	\$ _____
3. Personal/Household Items	\$ _____
4. Clothing	\$ _____
5. Real Estate Taxes	\$ _____
6. Sewer Taxes	\$ _____
7. Water Taxes	\$ _____
8. Medical/prescriptions	\$ _____
9. Car Payment	\$ _____
10. House Insurance	\$ _____
11. Car Insurance	\$ _____
12. Heating/Oil	\$ _____
13. Electricity	\$ _____
14. Basic Telephone	\$ _____
15. Other Expenses Not listed Above	
Type _____	\$ _____
Type _____	\$ _____
TOTAL ANNUAL EXPENSES	\$ _____

CURRENT ASSET INFORMATION FOR OWNER AND CO-OWNER

1. Do you own (individually, jointly, in common, fractional, etc) any other real estate in Berlin or anywhere else, including homes, land, mobile homes, or time shares? Yes ___ No ___

If Yes, other Real Estate: _____

Street Address, City/Town/State	Market Value
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*Please attach a copy of your last property tax bill of any additional real estate.

2. Vehicles: Automobiles, Campers, RV's, ATV's, Boats, Snowmobiles, Motorcycles. etc.

Year _____ Make _____ Model _____ Miles _____ Value _____
 Year _____ Make _____ Model _____ Miles _____ Value _____
 Year _____ Make _____ Model _____ Miles _____ Value _____

3. Please provide **Current Full copies** of statements for 3 months

Checking Acct # (last 4 digits)	Bank/Institution Name	End of Year Balance

Savings Acct # (last 4 digits)	Bank/Institution Name	End of Year Balance

4. Any other accounts: IRA's, Money Market, CD's, Mutual Funds, Annuity, Stocks/Bonds, Life Ins. Policy, etc. Provide **all pages of the end of year statement** showing the balance of each account.

Account Type and #(last 4 digits)	Bank/Institution Name	Current Balance

5. Other Assets (Explain): _____ Value _____

TOTAL CURRENT ASSETS **\$** _____

6. Did you file an income tax return for this past year? Yes _____ No _____
If yes, a copy needs to be submitted with your application.

7. Have you filed a State of NH Interest and Dividend tax form for this past year? Yes _____ No _____
If yes, a copy needs to be submitted with your application.

8. Proof of age must also be provided with a copy of either a driver's license or birth certificate.

COPIES OF ALL SUPPORTING DOCUMENTS ARE REQUIRED AND MAY NOT BE LIMITED TO THE ONES LISTED

Would you like the City of Berlin Assessor's Office to return financials after review of your application or to shred the financials? **Please check one.**

Return Financials After Review _____
 (Include a Self Addressed Stamped Envelope)

Shred Financials _____

Elderly & Disabled Tax Deferral Certification Affidavit

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, expense and asset statements, is true to the best of my/our knowledge. Misrepresentation or omission of information may result in denial of tax deferral from the City of Berlin, NH.

UNDER PENALTIES OF PERJURY, I HEREBY DECLARE THAT ALL THE STATEMENTS ARE TRUE AND THAT THE PROPERTY IS MY RESIDENTIAL REAL ESTATE.

DATE: _____

SIGNATURE OF APPLICANT

STATE OF NEW HAMPSHIRE

COOS,SS

SUBSCRIBED AND SWORN to by _____

On this _____ Day of _____, 20 _____. _____

Before me,

Notary/Justice of Peace

My Commission Expires on: _____