



**Town of Hudson Assessing Department**

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

**DEADLINE TO FILE: April 15, 2025**

**Disabled  
Exemption**

**Qualifications  
RSA 72:37b**

**Deadline to File:  
April 15, 2025**

**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 five (5) years, consecutively:** Prior to April 1<sup>st</sup>.

**Applicant must have owned the residence by April 1<sup>st</sup> 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 Assets must not exceed:** **\$160,000**  
Excluding the value of the dwelling, and up to (2) acres of land.

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

**If Married, must have a combined Gross Income less than:** **\$ 60,000**  
Net, if a business.

**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 2024
- End-of-year 2024 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 2024
- 401k Statement(s) – for December 2024
- Federal Income Tax Return – for 2024
- Trust Document & Statement of Qualification Form - If Applicable

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

**RSA 72:37b DEADLINE TO FILE: APRIL 15, 2025**

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 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: <input type="checkbox"/> No: <input type="checkbox"/> If yes, name of other community:	
<b>- INCOME INFORMATION - (Enter in Yearly Amounts) -</b>		<b>APPLICANT</b>	<b>SPOUSE</b>
Social Security - for 2024 (Gross Amount): (Includes Supplemental Security Income-SSI)		\$	\$
Pension & Retirement - for 2024: (includes VA compensation)		\$	\$
Wages - for 2024: (Include W-2 & 1099-MISC, etc.):		\$	\$
Other Income - for 2024: (Includes Unemployment, IRA & 401K Distributions, Annuities etc.)		\$	\$
Interest Income - for 2024:		\$	\$
Dividends Received - for 2024: (Includes any Stock, Bonds, Capitals Gains, etc.)		\$	\$
Other Income Received - for 2024: (Includes any financial assistance from others, IE: NH Housing assistance)		\$	\$
Rental Income Received - for 2024: (Includes any financial assistance from persons living in household)		\$	\$
Other Income <u>not</u> listed above - for 2024: (IE: lottery & gambling winnings, Stimulus)		\$	\$
Total 2024 Income:		\$	\$
Verification of the above MUST be submitted			
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 2024? provide full and true copy of 2024 return		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

