

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/
 TAX CREDITS/DEFERRAL APPLICATION**

Property for which Exemption/Tax Credit/Deferral is claimed:

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

| | | | | | | | | | |
|--|--|--|--------------------------|--|--------------------------|---|--------------------------|--------------------------|--|
| STEP 1 NAME AND ADDRESS | PROPERTY OWNER'S LAST NAME Kincaid | FIRST NAME Cynthia | INITIAL | | | | | | |
| | PROPERTY OWNER'S LAST NAME Kincaid | FIRST NAME Scott | INITIAL | | | | | | |
| | MAILING ADDRESS 25 Perkins Ave Unit 30 | | | | | | | | |
| | CITY/TOWN Seabrook | STATE NH | ZIP CODE 03874 | | | | | | |
| | PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 30 Stacey Ave | | | | | | | | |
| STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL | CITY/TOWN TAX MAP # 8 | | BLOCK # 13 | LOT # 30 | | | | | |
| | VETERANS' TAX CREDIT | | | <u>Granted/Denied</u> <u>Date</u> | | | | | |
| | <input type="checkbox"/> | Veterans' Tax Credit \$50 minimum (to \$500) | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | Service Connected Total & Permanent Disability \$700 minimum to \$2000 | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000) | Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | Review Discharge Papers (ei: Form DD214), Form # _____ | | | | | | | |
| | <input type="checkbox"/> | Other Information _____ | | | | | | | |
| | VETERANS' EXEMPTION | | | <u>Granted</u> <u>Denied</u> <u>Date</u> | | | | | |
| | <input type="checkbox"/> | Total Exemption | <input type="checkbox"/> | (a) Veteran | <input type="checkbox"/> | (b) Surviving Spouse/CU Partner | <input type="checkbox"/> | <input type="checkbox"/> | |
| | APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS | | | | | | | | |
| Income Limits | | Disabled Exemption | | Elderly Exemption | | Elderly Exemption Per Age Category | | | |
| Single | \$ | | \$ | 38,000 | 65 - 74 years of age | \$ | 160,000 | | |
| Married | \$ | | \$ | 58,000 | 75 - 79 years of age | \$ | 170,000 | | |
| Asset Limits | | | | | | 80 + years of age | | | |
| Single | \$ | | \$ | 250,000 | | | | | |
| Married | \$ | | \$ | 250,000 | | | | | |
| OTHER EXEMPTIONS | | | | | | | | | |
| <input checked="" type="checkbox"/> | Elderly Exemption | Amount \$ | 160,000 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Disabled Exemption | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Improvements to Assist the Deaf | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Improvements to Assist Persons with Disabilities | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Blind Exemption | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Deaf Exemption | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Solar Energy Systems Exemption | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Woodheating Energy Systems Exemption | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Wind-Powered Energy Systems Exemption | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elderly & Disabled Tax Deferral | | | | | | | | | |
| <input type="checkbox"/> | Elderly and Disabled Tax Deferral | Amount \$ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| For Deferrals: This page must be returned to the property owner after approval or denial on or before July 1st following the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV) | | | | | | | | | |
| STEP 3 COM- MENTS/ NOTES | Municipal Comments/Notes | | | | | | | | |
| STEP 4 SIGNA- TURES | Selectmen/Assessor(s) Printed Name | Signature of Selectmen/Assessor(s) in ink | Date | | | | | | |
| | Aboul B. Khan, Chairman | | | | | | | | |
| | Theresa Kyle | | | | | | | | |
| | Ella Brown | | | | | | | | |
| APPEAL PROCEDURE | If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before September 1st following the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2013 property taxes, you have until September 1, 2014, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify EXEMPTION APPEAL . | | | | | | | | |

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED
Feb - 5 2020

Eld

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER AND APPLICANT INFORMATION

OWNER
 Cynthia + Scott Kincaid
 If required, attach PA-33 on file?
 Town of Scabrook
 Scabrook, NH

APPLICANT'S LAST NAME: Kincaid APPLICANT'S FIRST NAME: Cynthia MI: L. PHONE NUMBER: []

APPLICANT'S LAST NAME: Kincaid APPLICANT'S FIRST NAME: Scott MI: [] PHONE NUMBER: []

MAILING ADDRESS: 25 Perkins Ave Unit 30

CITY/TOWN: Scabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 30 Stacy Ave TAX MAP: 8 BLOCK: 13 LOT: 30

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

STEP 2
VETERANS'
TAX CREDITS
AND
EXEMPTION

VETERAN'S INFORMATION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR:
 Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)
 All Veterans' Tax Credit (RSA 72:28-b) *If Adopted by Town* Standard (\$50) / Optional (\$51 up to \$750)
 Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)
 Tax Credit for Surviving Spouse (RSA 72:29-a) "...of any person who was killed or died while on active duty..."
 Tax Credit for Combat Service (RSA 72:28-c) *If Adopted by Town* (\$50 up to \$500)
 Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: [] Dates of Military Service: Enter (MMDDYYYY) [] 4. Date of Entry: [] 5. Date of Discharge/Release: []

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)

6. Name of Allied Country Served in: [] 7. Branch of Service: []

9. Does any other eligible Veteran own interest in this property?
 YES NO If YES, provide name
 YES NO []

8. Please Check One.
 US Citizen at time of entry into Service
 Alien but resident of NH at time of entry into Service

PROPERTY OWNER NAME

STEP 3
EXEMPTIONS

STANDARD EXEMPTIONS

10. Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)
 (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth: 9-10-59 10b. Spouse's Date of Birth: []

11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62)
 Deaf Exemption (RSA 72:38-b) Wind-Powered Energy Systems Exemption (RSA 72:66)
 Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)

TAX MAP | BLOCK | LOT

STEP 4
RESIDENCY

13. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)
 NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed
 NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)

STEP 5
OWNERSHIP

14. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own? []

STEP 6
SIGNATURES

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.

Cynthia Kincaid DATE: 2-5-20
 SIGNATURE (IN INK) OF PROPERTY OWNER

Scott M. Kincaid DATE: 2-5-20
 SIGNATURE (IN INK) OF PROPERTY OWNER

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E65

**REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS
OPTIONAL ADJUSTED ELDERLY EXEMPTION
FOR THE TOWN OF SEABROOK, NH**

RECEIVED

FEB - 5 2020

Town of Seabrook
Assessor's Office

Please fill out each area carefully. Please make certain that you sign at the end of the form in the signature area provided. All financial documents and bank statements must be included with application.

1) Personal Information

Applicant's name(s): Cynthia L. Kincaid + Scott Kincaid

Mailing address: 25 Perkins Ave Unit #30

Marital status: married: single: Widow(er):

Residence owned: solely: joint tenants: w/other(s): Trust: Life estate

Number of years owned residence: 18 yrs I have been a legal resident of NH since: 1987

Date of birth: 9-10-54 Age: 65 Spouse's date of birth: 3-27-58 Age: 62

Do you own real estate other than your occupied NH residence? NO (If yes, please attach tax bill)

2) Income Information (yearly amount from last year)

VERIFICATION OF ALL THE FOLLOWING MUST BE SUBMITTED

| | Applicant | Applicant's Spouse | |
|-------------------------|---------------------|---------------------|----------------------------|
| a. Social Security: | \$ <u>11,066.00</u> | \$ <u>21,438.00</u> | |
| b. Pension & Retirement | \$ <u>/</u> | \$ <u>/</u> | |
| c. Wages: | \$ <u>/</u> | \$ <u>/</u> | |
| d. Rental Income: | \$ <u>/</u> | \$ <u>/</u> | |
| e. Other Income: | \$ <u>/</u> | \$ <u>/</u> | |
| f. Interest Income | \$ <u>/</u> | \$ <u>/</u> | |
| | \$ <u>11,066.00</u> | \$ <u>21,438.00</u> | \$ <u>32,504</u> |
| | Total Income | Total Income | Total of all Income |

Are you required to file an interest and dividends tax return to the State of New Hampshire? NO (If yes, please provide a copy of your return)

Are you required to file an IRS tax return? NO (If yes, please provide a copy of your most recent federal income tax return. If no, please sign the attached form 8821 authorizing the Town of Seabrook to contact the IRS for verification purposes.)

3. Asset Information

a. Type of property for which exemption is claimed: Single Family Multi-family

b. If multi-family, in which unit do you reside? _____ What is the living area of your unit? _____

Assets:

Please list all assets owned (self & Spouse)

Savings Accounts or Investments/Certificates: (CD's, stocks, bonds, IRA's, annuities, travel trailers, RV's, boats, antiques, cars, etc.)

YOU MUST SUBMIT VERIFICATION OF THESE AMOUNTS (CURRENT STATEMENTS WITH BALANCES)

| | | | | |
|-------------------|-------------|-------------------------|----------|---------------------|
| Savings Account: | Institution | <u>Ø</u> | Value \$ | <u>Ø</u> |
| Checking Account: | Institution | <u>\$7200 Santander</u> | Value \$ | <u>7200 2058.57</u> |
| IRA: | Institution | <u>Ø</u> | Value \$ | <u>Ø</u> |
| CD: | Institution | <u>Ø</u> | Value \$ | <u>Ø</u> |
| Type _____ | Institution | <u>Ø</u> | Value \$ | <u>Ø</u> |
| Type _____ | Institution | <u>Ø</u> | Value \$ | <u>Ø</u> |

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2500-

Vehicles:

Car make Subaru Model Forester Year 2010 Mileage 112,000 Value \$ 4500-

Car make _____ Model _____ Year _____ Mileage _____ Value \$ _____

Boat make _____ Model _____ Year _____ Mileage _____ Value \$ _____

RV make _____ Model _____ Year _____ Mileage _____ Value \$ _____

Real Estate: Other than your occupied NH Residence

Property type / In town& State _____ Value \$ _____

Property type / In town& State _____ Value \$ _____

Total of all assets \$ 9058.00.

I swear under penalty of perjury, that all the above is 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 Seabrook Assessor's Office. I release all persons whomsoever from any liability resulting from the release of this information.

Applicant's Signature: Cynthia L. Knorr Spouse's Signature: _____ Date: 2-5-20

Telephone number: 603-502-8850

(Office use only) Reviewed by CC. [Signature]