

**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 Searle		FIRST NAME Pauline	INITIAL C	
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL	
	MAILING ADDRESS 25 Gove Road				
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874	
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 25 Gove Road					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 7		BLOCK # 50	LOT # 150	
	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				
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse/CU Partner	<input type="checkbox"/> <u>Granted</u> <input type="checkbox"/> <u>Denied</u> <u>Date</u>
APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS					
Income Limits	Disabled Exemption		Elderly Exemption Per Age Category		
Single	\$	38,000	\$	65 - 74 years of age \$	
Married	\$	58,000	\$	75 - 79 years of age \$	
Asset Limits			\$	80 + years of age \$	
Single	\$	250,000	\$		
Married	\$	250,000	\$		
OTHER EXEMPTIONS					
<u>Granted</u> <u>Denied</u> <u>Date</u>					
<input type="checkbox"/>	Elderly Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Disabled Exemption	Amount \$ 160,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____	<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"/>	Blind Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____	<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"/>	
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 COMMENTS/ NOTES	Municipal Comments/Notes <i>re-applying as single.</i>				
STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		
	Theresa Kyle, Chairman				
	Ella Brown				
	Aboul B. Khan				
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 OWNERS NAME

PROPERTY OWNERS NAME

TAX MAP/BLCK/LOT

2020 Dis.

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

MAR - 3 2020

Town of Seabrook
Assessor's Office

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER AND APPLICANT NAME AND ADDRESS

OWNER: Pauline Searle

APPLICANT'S LAST NAME: Searle APPLICANT'S FIRST NAME: Pauline MI: C PHONE NUMBER: _____

APPLICANT'S LAST NAME: _____ APPLICANT'S FIRST NAME: _____ MI: _____ PHONE NUMBER: _____

MAILING ADDRESS: 25 Gove Rd

CITY/TOWN: Seabrook STATE: NH ZIPCODE: _____

PROPERTY ADDRESS: 25 Gove Rd TAX MAP: 7 BLOCK: 50 LOT: 150

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

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

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

STEP 3 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 5-8-81 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)

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.

SIGNATURE (IN INK) OF PROPERTY OWNER: Pauline C Searle DATE: 3/3/2020

SIGNATURE (IN INK) OF PROPERTY OWNER: _____ DATE: _____

TAX MAP | BLOCK | LOT

2020 Dis

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

RECEIVED

MAR - 3 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): Pauline C Searle
 Mailing address: 25 Gove Road Seabrook NH 03874
 Marital status: married: _____ single: Widow(er): _____
 Residence owned: solely: joint tenants: _____ w/other(s) _____ Trust: _____ Life estate _____
 Number of years owned residence: 1 I have been a legal resident of NH since: 2011
 Date of birth: 05/08/81 Age: 38 Spouse's date of birth: _____ Age: _____
 Do you own real estate other than your occupied NH residence? NA (If yes, please attach tax bill)

2) Income Information (yearly amount from last year)

VERIFICATION OF ALL THE FOLLOWING MUST BE SUBMITTED

	Applicant <u>22,795</u>	Applicant's Spouse	
a. Social Security:	\$ _____	\$ _____	
b. Pension & Retirement	\$ <u>0</u>	\$ _____	
c. Wages:	\$ <u>0</u>	\$ _____	
d. Rental Income:	\$ <u>0</u>	\$ _____	
e. Other Income:	\$ <u>0</u>	\$ _____	
f. Interest Income	\$ <u>0</u>	\$ _____	
	\$ _____	\$ _____	
	Total Income <u>22,795</u>	Total Income	<u>22,795</u>
			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>Pentucket Bank</u>	Value \$	<u>27.63</u>
Checking Account:	Institution	<u>Pentucket Bank</u>	Value \$	2000.00 <u>35.36</u>
IRA:	Institution	<u>NA</u>	Value \$	_____
CD:	Institution	<u>NA</u>	Value \$	_____
Type _____	Institution	<u>NA</u>	Value \$	_____
Type _____	Institution	<u>NA</u>	Value \$	_____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2,000. 2,000

Vehicles:
Car make Honda ~~2008~~ Model CRV ~~CRV~~ Year 2008 Mileage 201,800 Value \$ _____

~~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 \$ 4,062.99.

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: James James Spouse's Signature: _____ Date: 3/18/2010

Telephone number: (978) 361-5683 (Office use only) Reviewed by ce [signature] 3/19/10