



Eld. 2620

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FORM PA-29

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

FEB 26 2020

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	<b>OWNER AND APPLICANT INFORMATION</b>				
	OWNER		If required, is a Person file?		
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI	PHONE NUMBER
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI	PHONE NUMBER
	MAILING ADDRESS				
	CITY/TOWN		STATE	ZIP CODE	
	PROPERTY ADDRESS		TAX MAP	BLOCK	LOT
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO				
	STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	<b>VETERAN'S INFORMATION</b>			
		1. APPLICANT IS THE:		2. APPLYING FOR:	
<input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse		<input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) <i>If Adopted by Town</i> Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000) <input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") <input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) <i>If Adopted by Town</i> (\$50 up to \$500) <input type="checkbox"/> 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?		8. Please Check One.			
YES NO If YES, provide name <input type="radio"/> <input type="radio"/>		<input type="radio"/> US Citizen at time of entry into Service <input type="radio"/> Alien but resident of NH at time of entry into Service			
STEP 3 EXEMPTIONS		<b>STANDARD EXEMPTIONS</b>			
		10. <input checked="" type="checkbox"/> 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 <u>8-10-49</u> 10b. Spouse's Date of Birth			
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)				
	<b>LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</b>				
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)		
	<input type="checkbox"/> Deaf Exemption (RSA 72:38-b)		<input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)		
	<input type="checkbox"/> Disabled Exemption (RSA 72:37-b)		<input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)		
	STEP 4 RESIDENCY	13. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)			
		<input checked="" type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed <input type="checkbox"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <input type="text"/>			
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		DATE		

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

Eld

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

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.

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FEB 26 2020

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Carol M. LaBonte

Mailing address: 59 Foggs Lane

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

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

Number of years owned residence: 7 I have been a legal resident of NH since: 2012

Date of birth: 8-10-49 Age: 70 Spouse's date of birth: N/A Age: N/A

Do you own real estate other than your occupied NH residence? YES (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>17,226</u>	\$ <u>—</u>	
b. Pension & Retirement	\$ _____	\$ <u>—</u>	
c. Wages:	\$ <u>18,333</u>	\$ <u>—</u>	
d. Rental Income:	\$ _____	\$ <u>—</u>	
e. Other Income:	\$ <u>27. refund from FRS.</u>	\$ <u>—</u>	
f. Interest Income	\$ <u>24.</u>	\$ <u>—</u>	
	\$ <u>35,610.</u>	\$ <u>—</u>	
	<b>Total Income</b>	<b>Total Income</b>	<b>35,610.</b>
			<b>Total of all Income</b>

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? YES (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 N/A
- b. If multi-family, in which unit do you reside? N/A What is the living area of your unit? N/A

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>CITIZEN ACCESS</u>	Value \$	<u>5,039.71</u>
Checking Account:	Institution	<u>" "</u>	Value \$	<u>14,285.</u>
IRA:	Institution	<u>-</u>	Value \$	<u>          </u>
CD:	Institution	<u>-</u>	Value \$	<u>          </u>
Type <u>Checking</u>	Institution	<u>T.D BANK</u>	Value \$	<u>2,657.63</u>
Type <u>          </u>	Institution	<u>Salem Retirement Board</u>	Value \$	<u>13,584</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 3,000.

Vehicles:

Car make	<u>SATURN</u>	Model	<u>SKY</u>	Year	<u>2008</u>	Mileage	<u>73,100</u>	Value \$	<u>7,000</u>
Car make	<u>Subaru</u>	Model	<u>Impreza</u>	Year	<u>2015</u>	Mileage	<u>71,890</u>	Value \$	<u>10,000</u>
Boat make	<u>-</u>	Model	<u>-</u>	Year	<u>-</u>	Mileage	<u>-</u>	Value \$	<u>          </u>
RV make	<u>          </u>	Model	<u>          </u>	Year	<u>          </u>	Mileage	<u>          </u>	Value \$	<u>          </u>

Real Estate: Other than your occupied NH Residence

Property type	<u>1900 double wide mobile</u>	In town & State	<u>Clearwater, FL</u>	Value \$	<u>14,000</u>
Property type	<u>          </u>	In town & State	<u>          </u>	Value \$	<u>          </u>

Total of all assets \$ 69,566.34

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: Carl McBarrie Spouse's Signature: - Date: Feb 26 2020

Telephone number: 508 265-2651

(Office use only) Reviewed by CE 2/28/2020