

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

**STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER  If required, is a PA-33 on file?  YES  NO

APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI

APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI

MAILING ADDRESS

CITY/TOWN  STATE  ZIPCODE

PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed

TAX MAP  BLOCK  LOT

**STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL**

**VETERANS' TAX CREDITS / EXEMPTION**

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Review Applicable Discharge Papers Form(s) <input type="text"/>				
<input type="checkbox"/> Other Information <input type="text"/>				
<input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the <input type="radio"/> Veteran <input type="radio"/> Surviving Spouse		GRANTED <input type="radio"/>	DENIED <input type="radio"/>	<input type="text"/>

**APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS**

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single	<input type="text"/>	\$38,000	<input type="text"/>	65-74 years of age <input type="text"/>
Married	<input type="text"/>	\$58,000	<input type="text"/>	75-79 years of age <input type="text"/>
				80+ years of age <input type="text"/>
<b>Asset Limits</b>				
Single	<input type="text"/>	\$250,000	<input type="text"/>	
Married	<input type="text"/>	\$250,000	<input type="text"/>	

**STANDARD and LOCAL OPTIONAL EXEMPTIONS (when previously adopted by the City/Town)**

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Blind Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Deaf Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input checked="" type="checkbox"/> Disabled Exemption	\$160,000	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Electric Energy Storage Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Solar Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Woodheating Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Wind-powered Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**ELDERLY / DISABLED TAX DEFERRAL**

Elderly & 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)

**STEP 3 COMMENTS / NOTES**

Municipal Notes

NEW FOR 2020

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

**MUNICIPAL AUTHORIZATION**

**STEP 4 SIGNATURES**

THERESA KYLE, CHAIRMAN PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
ELLA BROWN PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
ABOUL B KHAN 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
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PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE

**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 1** following the date of notice of tax as defined in RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the Superior Court in the county where the property is located. **Example:** If you were denied an exemption from your 2014 property taxes, you have until September 1, 2015, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at [www.nh.gov/btla](http://www.nh.gov/btla); or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

**INSTRUCTIONS**

**STEP 1 PROPERTY OWNER'S INFORMATION**

Please type or print the property owner(s) name and address in the spaces provided. Also enter the property address, tax map, block and lot numbers of the property for which the exemption, tax credit or tax deferral is claimed.

**STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL**

Check the Tax Credit(s) / Exemption(s) / Tax Deferral box(es) which apply to the property listed in Step 1.  
 Check the box(es) Granted or Denied which apply.  
 Place the amount of the Tax Credit / Exemption / Tax Deferral which was granted or denied.  
 Place the date the Tax Credit / Exemption / Tax Deferral was granted or denied.  
 For those exemptions having income or asset limitations, the municipal assessing officials may request true copies of any documents needed to verify eligibility.  
 All documents and copies of such documents submitted by the applicant shall be returned to the applicant after a decision is made on the application.

**STEP 3 COMMENTS / NOTES**

Optional space to place any notes or comments which the applicant should be made aware of.

**STEP 4 SIGNATURES**

Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.

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

**STEP 1 OWNER AND APPLICANT NAME AND ADDRESS**

**OWNER AND APPLICANT INFORMATION**

OWNER: HAROLD + BARBARA EMERSON

If required, is a PA-33 on file?  YES  NO

APPLICANT'S LAST NAME: Emerson APPLICANT'S FIRST NAME: HAROLD MI: A PHONE NUMBER: 603-793-6405

APPLICANT'S LAST NAME: Emerson APPLICANT'S FIRST NAME: Barbara MI: J PHONE NUMBER: 978-869-3307

MAILING ADDRESS: PO 1883

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

PROPERTY ADDRESS: 25 Forest Court TAX MAP: 9 BLOCK: 89 LOT: 0

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: \_\_\_\_\_

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

RECEIVED  
APR 13 2020  
Town of Seabrook  
Assessor's Office

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: \_\_\_\_\_ 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] SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 4-14-2020

[Signature] SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 4-14-2020

TAX MAP | BLOCK | LOT

**REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS  
OPTIONAL ADJUSTED *DISABLED 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.

**RECEIVED**

APR 13 2020

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Barbara + Harold Emerson

Mailing address: 25 Forest Ct

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

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

Number of years owned residence: 29 yrs I have been a legal resident of NH since: 1976

Date of birth: 5-26-64 Age: 55 Spouse's date of birth: 4-10-64 Age: 55

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**

	<b>Applicant</b>	<b>Applicant's Spouse</b>
a. Social Security:	\$ <u>26,101.-</u>	\$ <u>21,503.-</u>
b. Pension & Retirement	\$ _____	\$ _____
c. Wages:	\$ _____	\$ _____
d. Rental Income:	\$ _____	\$ _____
e. Other Income:	\$ _____	\$ _____
f. Interest Income	\$ _____	\$ _____
	\$ <u>26,101.00</u>	\$ <u>21,503.00</u>
	<b>Total Income</b>	<b>Total Income</b>

\$ 47,604.00 *[Signature]*  
**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? 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

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 _____	Value \$ _____
Checking Account:	Institution <u>RTN Fed</u>	Value \$ <u>1100</u> <sup>1167.00</sup> ← disability money
IRA:	Institution <del>_____</del>	Value \$ <del>_____</del>
CD:	Institution _____	Value \$ _____
Type <u>Chg</u> :	Institution <u>Provident Bank</u>	Value \$ <u>280.00</u> <sup>768.00</sup>
Type _____:	Institution _____	Value \$ _____

**Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2000.00**

**Vehicles:**  
 Car make Chery Model Silverado Year 2017 Mileage 32000 Value \$ Lease  
 Car make RTN Model Rio Year 2005 Mileage 81,313 Value \$ 2000.00  
 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 \$ \_\_\_\_\_

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: [Signature] Spouse's Signature: [Signature] Date: 4-14-2020

Telephone number: 603-793-6465 (Office use only) Reviewed by \_\_\_\_\_