

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

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: TIMOTHY S HAWKES LIVING TRUST
APPLICANT'S LAST NAME: HAWKES, APPLICANT'S FIRST NAME: TMOTHY
MAILING ADDRESS: 12 HEATHER LN - 111 RTE 286 UNIT 12
CITY/TOWN: SEABROOK, STATE: NH, ZIPCODE: 03874
PROPERTY ADDRESS: 12 HEATHER LN
TAX MAP: 15, BLOCK: 102, LOT: 12

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

VETERANS' TAX CREDITS / EXEMPTION

Table with columns: AMOUNT, GRANTED, DENIED, DATE. Rows include: Veterans' Tax Credit RSA 72:28, All Veterans' Tax Credit RSA 72:28-b, Tax Credit for Service-connected Total Disability, Surviving Spouse Tax Credit, Tax Credit for Combat Service RSA 72:28-c, Review Applicable Discharge Papers Form(s), Other Information, Certain Disabled Veterans' Exemption.

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Table with columns: Income Limits, Deaf Exemption, Disabled Exemption, Elderly Exemption, Elderly Exemption Per Age Category. Rows include: Single, Married, Asset Limits (Single, Married).

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

Table with columns: AMOUNT, GRANTED, DENIED, DATE. Rows include: Elderly Exemption, Improvements to Assist Persons with Disabilities, Blind Exemption, Deaf Exemption, Disabled Exemption, Electric Energy Storage Systems Exemption, Solar Energy Systems Exemption, Woodheating Energy Systems Exemption, Wind-powered Energy Systems Exemption.

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; 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.

MAR 30 2020

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS

OWNER AND APPLICANT INFORMATION

OWNER: HAWKES TIMOTHY S. LIVING TRUST

APPLICANT'S LAST NAME: HAWKES T APPLICANT'S FIRST NAME: TIMOTHY MI: S. PHONE NUMBER: 603-814-0341

MAILING ADDRESS: 12 HEATHER LN

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

PROPERTY ADDRESS: [] TAX MAP: 15 BLOCK: 102 LOT: 12

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

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: [] 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

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 10/8/48 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: 3/23/2020

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

TAX MAP | BLOCK | LOT

Handwritten notes: 165, 12020

**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.

RECEIVED

1) Personal Information

Applicant's name(s): Timothy S. Hawkes

MAR 23 2020
Town of Seabrook
Assessor's Office

Mailing address: 12 Heather Lane

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

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

Number of years owned residence: 3 yrs 4 months I have been a legal resident of NH since: 2016

Date of birth: 10/08/48 Age: 71 Spouse's date of birth: _____ Age: _____

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>24,438.</u>	\$ _____	
b. Pension & Retirement	\$ <u>7416.79</u>	\$ _____	
c. Wages:	\$ <u>-0-</u>	\$ _____	
d. Rental Income:	\$ <u>-0-</u>	\$ _____	
e. Other Income:	\$ <u>-0-</u>	\$ _____	
f. Interest Income	\$ <u>2200</u>	\$ _____	
	\$ <u>31,876.79</u>	\$ _____	\$ <u>31,877.00</u> ✓ ad
	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? 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** X **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>Peoples</u>	Value \$ <u>160,033.01</u>	(A)
Checking Account:	Institution <u>Bank of America</u>	Value \$ <u>1526.55</u>	(B)
IRA:	Institution <u>Fidelity</u>	Value \$ <u>17,900.90</u>	(C)
CD:	Institution _____	Value \$ _____	
Type <u>Savings</u>	Institution <u>Bank of America</u>	Value \$ <u>10,711.85</u>	(D)
Type _____	Institution _____	Value \$ _____	

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 1000.00

Vehicles:
 Car make Mercury Model GRAND Year 2010 Mileage 169,500 Value \$ 3374
 Car make NO Model _____ Year _____ Mileage _____ Value \$ _____
 Boat make NO Model _____ Year _____ Mileage _____ Value \$ _____
 RV make NO Model _____ Year _____ Mileage _____ Value \$ _____

Real Estate: Other than your occupied NH Residence

Property type NONE In town & State _____ Value \$ _____
 Property type NONE In town & State _____ Value \$ _____

Total of all assets \$ 94,547.00 ✓

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: [Signature] Spouse's Signature: _____ Date: 3/20/20

Telephone number: 603 814 0346
Cell 760 449 6664

(Office use only) Reviewed by [Signature]
3/23/2020

STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V

(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE

TYPE OR PRINT

OWNER: HAWKES TIMOTHY S LIVING TRUST
APPLICANT'S LAST NAME: HAWKES, APPLICANT'S FIRST NAME: TIMOTHY, MI: S
MAILING ADDRESS: 12 HEATHER LN, CITY/TOWN: SEABROOK, STATE: NH, ZIPCODE: 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 12 HEATHER LN

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- [X] Grantor/Revocable Trust
[] Equitable Title holder or
[] Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
(b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
(c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above):

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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.

[X] [Signature]

SIGNATURE (IN INK)

TIMOTHY S. HAWKES

PRINT NAME

3/23/2020

DATE

[X]

SIGNATURE (IN INK)

PRINT NAME

DATE

TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. WHO MUST FILE: To be completed by property owners wishing to establish their status as grantor of a revocable trust... WHEN TO FILE: This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption...