

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"/>	<input type="text"/>	\$38,000	65-74 years of age <input type="text" value="\$160,000"/>
Married	<input type="text"/>	<input type="text"/>	\$58,000	75-79 years of age <input type="text" value="\$170,000"/>
<b>Asset Limits</b>				80+ years of age <input type="text" value="\$200,000"/>
Single	<input type="text"/>	<input type="text"/>	\$250,000	
Married	<input type="text"/>	<input type="text"/>	\$250,000	

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

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	\$200,000	<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 type="checkbox"/> Disabled Exemption	<input type="text"/>	<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**

<b>STEP 4 SIGNATURES</b>		
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
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_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE

<b>APPEAL PROCEDURE</b>
If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1</b> 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. <b>Example:</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> ; or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .

**INSTRUCTIONS**

<b>STEP 1 PROPERTY OWNER'S INFORMATION</b>
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.
<b>STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL</b>
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.
<b>STEP 3 COMMENTS / NOTES</b>
Optional space to place any notes or comments which the applicant should be made aware of.
<b>STEP 4 SIGNATURES</b>
Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS

OWNER AND APPLICANT INFORMATION
OWNER: LYNCH, NORMA I
APPLICANT'S LAST NAME: LYNCH, FIRST NAME: NORMA, MI: I, PHONE NUMBER: 603-4743608
MAILING ADDRESS: PO BOX 2629
CITY/TOWN: ANDOVER ST, STATE: NH, ZIPCODE: 202
IS THIS YOUR PRIMARY RESIDENCE? YES

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

VETERAN'S INFORMATION
1. APPLICANT IS THE: Spouse
2. APPLYING FOR: Veterans' Tax Credit (Standard \$50)
3. Veteran's Name: [blank], Dates of Military Service: [blank]
4. Date of Entry: [blank], 5. Date of Discharge/Release: [blank]
6. Name of Allied Country Served in: [blank], 7. Branch of Service: [blank]
8. Please Check One: US Citizen 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)
10a. Applicant's Date of Birth: 5/20/26, 10b. Spouse's Date of Birth: [blank]
11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)
LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)
12. Blind Exemption, Deaf Exemption, Disabled Exemption, Solar Energy Systems Exemption, Wind-Powered Energy Systems Exemption, Woodheating Energy Systems Exemption

STEP 4 RESIDENCY

13. 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

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: Norma Lynch, DATE: 3-31-20

PROPERTY OWNER NAME, TAX MAP | BLOCK | LOT

**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**

**MAR 27 2020**

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Norma Lynch

Mailing address: 21 Andover Street, 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: 42 I have been a legal resident of NH since: \_\_\_\_\_

Date of birth: 5-30-1926 Age: 93 Spouse's date of birth: 10-29-1926 Age: Deceased

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**

	2019 Applicant	Applicant's Spouse	
a. Social Security:	\$ <u>17412</u>	\$ <u>Norma Lynch only</u>	Starting in 2020 she will 449. of John's Soc-Sec x12 = 5388. she's still OK ✓
b. Pension & Retirement	\$ <u>6036</u>	\$ _____	
c. Wages:	\$ <u>0</u>	\$ _____	
d. Rental Income:	\$ <u>0</u>	\$ _____	
e. Other Income:	\$ <u>0</u>	\$ _____	
f. Interest Income	\$ <u>73.39</u>	\$ _____	
	\$ <u>23521.39</u>	\$ _____	20,336.00 ✓ <del>23521.39</del>
	<b>Total Income</b>	<b>Total Income</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**

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>Haverhill Bank</u>	Value \$ <u>99320.42</u> ✓
Checking Account:	Institution <u>Bank of America</u>	Value \$ <u>30856.37</u> ✓
IRA:	Institution _____	Value \$ _____
CD:	(2) Institution <u>Bank of America</u>	Value \$ <u>36613.94</u> ✓
Type <u>Stocks</u>	Institution <u>AT+T</u>	Value \$ <u>3836.00</u> ✓
Type _____	Institution _____	Value \$ _____

value as of 3-23-20

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 5000.00

**Vehicles:**

Car make Chevrolet Model Impala Year 2011 Mileage 120,000 Value \$ 4000.00 ✓

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 N/A.

Property type \_\_\_\_\_ In town& State \_\_\_\_\_ Value \$ \_\_\_\_\_

Property type \_\_\_\_\_ In town& State \_\_\_\_\_ Value \$ \_\_\_\_\_

Total of all assets \$ 179,626.73 ✓ *OK*

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: Marina Lynch Spouse's Signature: \_\_\_\_\_ Date: 3/26/2020

Telephone number: 603-474-3608

(Office use only) Reviewed by OK 3/27/2020