

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR  
TAX DEFERRAL APPLICATION****STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER	RONALD & MARY NICHOLSON		If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO	
APPLICANT'S LAST NAME	NICHOLSON	APPLICANT'S FIRST NAME	RONALD	MI <input type="checkbox"/> T <input type="checkbox"/>
APPLICANT'S LAST NAME	NICHOLSON	APPLICANT'S FIRST NAME	MARY	MI <input type="checkbox"/> E <input type="checkbox"/>
MAILING ADDRESS	290 SOUTH MAIN ST			
CITY/TOWN	SEABROOK	STATE	NH	ZIPCODE 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	290 SOUTH MAIN ST			
TAX MAP	17	BLOCK	30	LOT 0

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

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

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

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

**ELDERLY / DISABLED TAX DEFERRAL**

<input type="checkbox"/> Elderly & Disabled Tax Deferral	GRANTED <input type="radio"/> DENIED <input type="radio"/>	AMOUNT	DATE
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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

# 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

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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.



RECEIVED

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

MAR 16 2020

## OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER

RONALD T. + MARY E. NICHOLSON

If required,

YES NO

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

NICHOLSON

RONALD

T

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MARY

E

MAILING ADDRESS

290 SOUTH MAIN ST

CITY/TOWN

SEABROOK

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

290 SOUTH MAIN ST

TAX MAP

17

BLOCK

30

LOT

0

IS THIS YOUR PRIMARY RESIDENCE? YES NO

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

☐ YES ☐ NO

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

5/6/54

10b. Spouse's Date of Birth

9/6/54

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

SIGNATURE (IN INK) OF PROPERTY OWNER

3-16-20

DATE

3-16-2020

DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

F/E 65  
1/2020

17-30-0

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 16 2020

Town of Seabrook  
Assessor's Office

1) Personal Information

Applicant's name(s): Mary + Ronald Nicholson

Mailing address: 290 South Main St

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

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

Number of years owned residence: 20 yrs I have been a legal resident of NH since: 2000

Date of birth: 5/6/54 Age: 65 Spouse's date of birth: 9/6/59 Age: 60

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>24,486.00</u>	\$ <u>25,534.00</u>	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>24,486.00</u>	\$ <u>25,534.00</u>	<u>850,050. ✓ OK</u>
	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? 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>Santander</u>	Value \$ <u>-439.18</u> ✓
Checking Account:	Institution <u>Santander</u>	Value \$ <u>20.57</u> ✓
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2,600.00

#### Vehicles:

Car make Toyota Model Corolla Year 2017 Mileage 48000 Value \$ 12,500.00

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

Property type \_\_\_\_\_ In town & State NO Value \$ \_\_\_\_\_

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

Total of all assets \$ 14,682.00 ✓ 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 [Signature] Spouse's Signature [Signature] Date: 3-16-20

Telephone number: 1-603-760-2364

(Office use only) Reviewed by OK  
3/16/2020