

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"/>
Asset Limits				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	\$160,000	<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

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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_____ 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.

**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.

1) Personal Information

Applicant's name(s): BARBARA Schiappa Michael Schiappa
 Mailing address: 47 Evergreen Drive
 Marital status: married: single: Widow(er):
 Residence owned: solely: joint tenants: w/other(s) Trust: Life estate
 Number of years owned residence: 1 yr I have been a legal resident of NH since: 1984
 Date of birth: 10/07/46 Age: 73 Spouse's date of birth: 7/30/59 Age: 61
 Do you own real estate other than your occupied NH residence? No (If yes, please attach tax bill)

RECEIVED
 APR 16 2020
 Town of Seabrook
 Assessor's Office

2) Income Information (yearly amount from last year)

VERIFICATION OF ALL THE FOLLOWING MUST BE SUBMITTED

	Applicant	Applicant's Spouse	
a. Social Security:	\$ <u>12,618.00</u>	\$ <u>26,046.00</u>	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ <u>251.97</u>	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income: <i>Unemployment</i>	\$ <u>2482.00</u>	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>15,352</u>	\$ <u>26,046</u>	
	Total Income	Total Income	<u>41,398 - VOKA</u> 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 TD BANK Value \$ 16,009.87

Checking Account: Institution TD BANK Value \$ 2,563.93

IRA: Institution _____ Value \$ _____

CD: Institution _____ Value \$ _____

Type Checking Institution Metro CU. Value \$ 389.35

Type SAVINGS Institution Metro CU. Value \$ 21.67

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 5,000-

Vehicles: Mercury
 Car make 2003 Model Marguis Year 2003 Mileage 111,000 Value \$ 1,200-

Car make GMC Model Sierra Year 2001 Mileage 99,504 Value \$ 7,500-

Boat make _____ Model _____ Year _____ Mileage _____ Value \$ _____

RV make Forest River Model Accadia Year 2018 Mileage Pull Trailer Value \$ 14,000

Real Estate: Other than your occupied NH Residence

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

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

Total of all assets \$ 46,684 ✓ 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: Barbara Schiappa Spouse's Signature: Michael Schiappa Date: 4-14-20

Telephone number: 603-474-2476

(Office use only) Reviewed by OK 4/17/20

cell 603-918-0788
Best # to call