

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="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="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	\$80,000	<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

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

1/2 Elderly Credit, tenants in common

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

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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; 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

RECEIVED MAY 11 2020

OWNER AND APPLICANT INFORMATION

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS

OWNER AVOLA-FRIEND TRUST
APPLICANT'S LAST NAME SOUSA-FRIEND
APPLICANT'S FIRST NAME JANET
MI C
PHONE NUMBER
MAILING ADDRESS 14 PINEO FARMS RD
CITY/TOWN SEABROOK
STATE NH
ZIPCODE 03826
PROPERTY ADDRESS 14 PINEO FARMS RD
TAX MAP 4
BLOCK 14
LOT 204
IS THIS YOUR PRIMARY RESIDENCE? YES

VETERAN'S INFORMATION

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

1. APPLICANT IS THE: Veteran
2. APPLYING FOR: Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)
3. Veteran's Name
Dates of Military Service Enter (MMDDYYYY)
4. Date of Entry
5. Date of Discharge/Release
6. Name of Allied Country Served in
7. Branch of Service
8. Please Check One: US Citizen at time of entry into Service
9. Does any other eligible Veteran own interest in this property?

STANDARD EXEMPTIONS

STEP 3 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)
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)
Deaf Exemption (RSA 72:38-b)
Disabled Exemption (RSA 72:37-b)
Electric Energy Storage Systems Exemption (RSA 72:85)
Solar Energy Systems Exemption (RSA 72:62)
Wind-Powered Energy Systems Exemption (RSA 72:66)
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 50%

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: Janet C. Sousa-Friend
Date: 5-11-2020

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

12-01-05 2020

- 5) Most current bank statements (checking, savings, IRA, CD's....etc)
- 6) All vehicles & boats- make, model, year, & mileage

u-ke-2014

**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): Janet C. Sousa-Friend

MAY 04 2020

Town of Seabrook
Assessor's Office

Mailing address: 14 Pineo Farms Road Marital status: married: single: XX Widow(er):

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

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

Date of birth: 11/14/1948 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>15366</u> <i>Silly Beauty Spouse</i>	\$ <u> </u>
b. Pension & Retirement	\$ <u>5387</u>	\$ <u> </u>
c. Wages:	\$ <u>10917</u>	\$ <u> </u>
d. Rental Income:	\$ <u>0</u>	\$ <u> </u>
e. Other Income:	\$ <u>0</u>	\$ <u> </u>
f. Interest Income	\$ <u>903 898</u>	\$ <u> </u>
	\$ <u>32573 32868</u>	\$ <u>32,568. - ok</u>
Total of all Income	Total Income	Total 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.)

*Need Trust docs ✓
REQ #05-6-20
green and*

3. Asset Information

a. Type of property for which exemption is claimed: **Single Family XX** 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)

167.10 \$ 260.00	Savings Account:	Institution <u>Eastern Bank</u>	Value
938.41 \$ 11000.00	Checking Account:	Institution <u>Eastern</u>	Value
\$ None	IRA:	Institution _____	Value
19,343.14 \$ None	death ben. value	Institution <u>Jackson Nat'l Life Ins Co</u>	Value
55,935.98	Annuity	Institution <u>Prudential</u>	Value
\$ 13,968.67	Type <u>529</u>	Institution <u>Nova Verronyca</u> <i>College Savings for ↑ tax free</i>	Value

Estimated yard sale value of furniture, jewelry, furs, antiques, etc. \$ 10,000

Vehicles:

Car make Toyota Model Highlander Year 2010 Mileage 94500 Value
\$ 10000

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 _____ Value \$ _____

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

Total of all assets \$ ~~31260.00~~ \$ 118,750.00 ✓ 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: *Paul P. Santa Cruz* Spouse's Signature: _____

Date: 3/31/2020

Telephone number: 781-572-6130

(Office use only) Reviewed

by *AK 5/4/2020*

4-14-2020

FORM PA-33

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION 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, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

TYPE OR PRINT

OWNER: ANOLA-FRIEND REVOC TRUST
APPLICANT'S LAST NAME: SOUSA FRIEND, FIRST NAME: JANET, MI: C
Mailing Address: 14 PINEO FARMS RD, SEABROOK, NH, ZIP CODE: 03824
PROPERTY ADDRESS: 14 PINEO FARMS RD

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)

- Grantor/Revocable Trust (checked)
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.

Signatures and names of Janice Sousa Friend and Janet C. Sousa-Friend, dated 5-11-2020

TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. Contains instructions for filing the form.

RECEIVED MAY 11 2020 Town of Seabrook Assessor's Office