

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

OWNER	JOHN A ANDREWSKIEWICZ		If required, is a PA-33 on file?		<input type="radio"/> YES	<input type="radio"/> NO
APPLICANT'S LAST NAME	ANDREWSKIEWICZ	APPLICANT'S FIRST NAME	JOHN	MI	<input type="checkbox"/>	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI	<input type="checkbox"/>	
MAILING ADDRESS	20 RAYMOND DR					
CITY/TOWN	SEABROOK	STATE	NH	ZIPCODE	03874	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	20 RAYMOND DR					
TAX MAP	9	BLOCK	174	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

	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
<b>Income Limits</b>				
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 checked="" type="radio"/>	<input type="radio"/>	6/15/2020
<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

CONVERTED FROM DISABLED TO ELDERLY EXEMPTION FOR 2020

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

JUN - 3 2020

## OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER

JOHN A ANDREWSKIEWICZ

If required, is a PA-33 on file?

☐ YES ☒ NO  
 Town of Seabrook  
 Assessor's Office

APPLICANT'S LAST NAME

ANDREWSKIEWICZ

APPLICANT'S FIRST NAME

ANDREW JOHN

MI

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MAILING ADDRESS

20 RAYMOND DR

CITY/TOWN

SEABROOK

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

20 RAYMOND DR

TAX MAP

9

BLOCK

174

LOT

0

IS THIS YOUR PRIMARY RESIDENCE? ☒ YES ☐ NO

## VETERAN'S INFORMATION

STEP 2  
VETERANS'  
TAX CREDITS  
AND  
EXEMPTION

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  
☐ ☐

8. Please Check One.

- ☐ US Citizen at time of entry into Service  
☐ Alien but resident of NH at time of entry into Service

## STANDARD EXEMPTIONS

STEP 3  
EXEMPTIONS10. ☒ 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 11/6/54

10b. Spouse's Date of Birth

11. ☐ Improvements to Assist Persons with Disabilities (RSA 72:37-a)

65

## 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)☐ Electric Energy Storage Systems Exemption (RSA 72:85)STEP 4  
RESIDENCY13. ☐ 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  
OWNERSHIP14. 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

DATE

DATE

6/3/2020

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

205  
9030



REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS  
OPTIONAL ADJUSTED ELDERLY EXEMPTION  
FOR THE TOWN OF SEABROOK, NH

9-174-0

RECEIVED

JUN -3 2021

Town of Seabrook  
Assessor's Office

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): John Andrewski, ewicz

Mailing address: 20 Raymond DR.

Marital status: married: \_\_\_\_\_ single: ☒ Widow(er): \_\_\_\_\_

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

Number of years owned residence: 40 I have been a legal resident of NH since: 1985

Date of birth: 11-6-54 Age: 65 Spouse's date of birth: NONE 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>1095.40</u> <u>13,118.00</u>	<u>/</u>
b. Pension & Retirement	\$ <u>NO</u>	\$ <u>/</u>
c. Wages:	\$ <u>NO</u>	\$ <u>/</u>
d. Rental Income:	\$ <u>NO</u>	\$ <u>/</u>
e. Other Income:	\$ <u>NONE</u>	\$ <u>/</u>
f. Interest Income	\$ <u>NO</u>	\$ <u>/</u>
	\$ <u>13,118.00</u>	\$ <u>/</u>
	Total Income	Total Income

\$ 13,118.00 ✓  
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 <sup>mobile Home</sup> 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>None</u>	Value \$ _____
Checking Account:	Institution <u>TD BANK</u>	Value \$ <u>150.00</u> ? <u>381.09</u> ✓
IRA:	Institution <u>None</u>	Value \$ _____
CD:	Institution <u>None</u>	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2000.

#### Vehicles:

Car make <u>DAKOTA</u>	Model <u>Dodge</u>	Year <u>2005</u>	Mileage <u>150,000+</u>	Value \$ <u>not much?</u> <u>500-</u>
Car make <u>/</u>	Model _____	Year _____	Mileage _____	Value \$ _____
Boat make <u>/</u>	Model _____	Year _____	Mileage _____	Value \$ _____
RV make <u>/</u>	Model _____	Year _____	Mileage _____	Value \$ _____

Real Estate: Other than your occupied NH Residence

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

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

Total of all assets \$ 2,881.- 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: None Date: 1-9-20

Telephone number: 603-474-0193

(Office use only) Reviewed by [Signature]