

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

OWNER	DOROTHY A MALO		If required, is a PA-33 on file?		<input type="radio"/> YES	<input type="radio"/> NO
APPLICANT'S LAST NAME	MALO	APPLICANT'S FIRST NAME	DOROTHY	MI	A	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	P O BOX 2447					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	49 COLLIN ST					
TAX MAP	10	BLOCK	73	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	\$170,000	<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

NEW FOR 2020

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION			
	OWNER <u>DOROTHY A. MALO</u>		If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO	
	APPLICANT'S LAST NAME <u>MALO</u>	APPLICANT'S FIRST NAME <u>DOROTHY</u>	MI <u>A</u>	PHONE NUMBER <u></u>
	APPLICANT'S LAST NAME <u></u>	APPLICANT'S FIRST NAME <u></u>	MI <u></u>	PHONE NUMBER <u></u>
	MAILING ADDRESS <u>PO BOX 2447</u>			
	CITY/TOWN <u>SEABROOK</u>	STATE <u>NH</u>	ZIP CODE <u>03874</u>	
	PROPERTY ADDRESS <u>49 COLLINS ST</u>	TAX MAP <u>10</u>	BLOCK <u>73</u>	LOT <u>0</u>
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO			
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION			
	1. APPLICANT IS THE:		2. APPLYING FOR:	
	<input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse		<input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) <i>If Adopted by Town</i> Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000) <input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a) "...of any person who was killed or died while on active duty..." <input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) <i>If Adopted by Town</i> (\$50 up to \$500) <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)	
	3. Veteran's Name <u></u>		4. Date of Entry <u></u>	5. Date of Discharge/Release <u></u>
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) <u></u>			
	6. Name of Allied Country Served in <u></u>		7. Branch of Service <u></u>	
	9. Does any other eligible Veteran own interest in this property? YES <input type="radio"/> NO <input type="radio"/> If YES, provide name <u></u>		8. Please Check One. <input type="radio"/> US Citizen at time of entry into Service <input type="radio"/> Alien but resident of NH at time of entry into Service	
STEP 3 EXEMPTIONS	STANDARD EXEMPTIONS			
	10. <input checked="" type="checkbox"/> 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 <u>4/1/43</u> 10b. Spouse's Date of Birth <u></u>			
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a) <u>77</u>			
	LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)			
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)	
	<input type="checkbox"/> Deaf Exemption (RSA 72:38-b)		<input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)	
	<input type="checkbox"/> Disabled Exemption (RSA 72:37-b)		<input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)	
STEP 4 RESIDENCY	13. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit) <input type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed <input checked="" type="checkbox"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <u></u>			
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. <u>Dorothy Malo</u> SIGNATURE (IN INK) OF PROPERTY OWNER DATE <u>3/13/2020</u>			
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE			

**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 13 2020

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Dorothy MALO

Mailing address: 49 Collins ST PO Box 2447

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

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

Number of years owned residence: About 35 years I have been a legal resident of NH since: 1986

Date of birth: 4-1-42 Age: 77 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>028-30-0943-22178.00</u>	\$ <u>7979.40</u>	
b. Pension & Retirement	\$ <u>2140.</u> <i>S. Security Pension</i>	\$ <u>7979.40</u> <i>GE</i>	
c. Wages:	\$ <u>0</u>	\$ <u>321588</u> <i>Annuity nationwide</i>	
d. Rental Income:	\$ <u>0</u>	\$ _____	
e. Other Income:	\$ <u>0</u>	\$ _____	
f. Interest Income	\$ <u>0</u>	\$ _____	
	\$ <u>2140.</u>	\$ _____	
	<b>Total Income</b>	<b>Total Income</b>	<b>Total of all Income</b>
			<u>31,433.28</u> ✓ <u>28,152.40</u> ✓

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><del>F.D. BANK</del></u>	Value \$ <u><del>1,200</del></u>
Checking Account:	Institution <u>F.D. BANK</u>	Value \$ <u>75.00</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution <input checked="" type="checkbox"/>	Value \$ _____
Type _____	Institution <input checked="" type="checkbox"/>	Value \$ _____
Type _____	Institution <input checked="" type="checkbox"/>	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 500-

#### Vehicles:

Car make	<u>TOYOTA</u>	Model	<u>Corolla</u> <u>Control</u>	Year	<u>2012</u>	Mileage	<u>57601</u>	Value \$	<u>5,000</u>
Car make	_____	Model	_____	Year	_____	Mileage	_____	Value \$	_____
Boat make	<input checked="" type="checkbox"/>	Model	_____	Year	_____	Mileage	_____	Value \$	_____
RV make	<input checked="" type="checkbox"/>	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 \$ 15,025.00

Total of all assets \$ 87.00

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: Dorothy Males Spouse's Signature: \_\_\_\_\_ Date: 3-13-20

Telephone number: 603 474 2820

(Office use only) Reviewed by At 3/13/2020