

Eld.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER AND APPLICANT INFORMATION

OWNER: Patricia A. Eaton If required, is a PA-33 on file? YES NO

APPLICANT'S LAST NAME: Eaton APPLICANT'S FIRST NAME: Patricia MI: A. PHONE NUMBER: _____

APPLICANT'S LAST NAME: _____ APPLICANT'S FIRST NAME: _____ MI: _____ PHONE NUMBER: _____

MAILING ADDRESS: 111 Rte 286 Lot 30

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 30 Brown Ave TAX MAP: 15 BLOCK: 102 LOT: 30

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

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: 11-24-49 10b. Spouse's Date of Birth: _____

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)

Electric Energy Storage Systems Exemption (RSA 72:85)

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.

Patricia A. Eaton 9/25/21
 SIGNATURE (IN INK) OF PROPERTY OWNER DATE

 SIGNATURE (IN INK) OF PROPERTY OWNER DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

65

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

RECEIVED

FEB 24 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): PATRICIA A. EATON

Mailing address: 30 BROWN AVE. SEABROOK, NH 03874 ^{111 Rt 286 Lot 30}

Marital status: married: _____ single: _____ Widow(er): X

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

Number of years owned residence: 2 1/2 yrs. I have been a legal resident of NH since: 1977

Date of birth: 11/24/1949 Age: 71 Spouse's date of birth: N/A 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>14,083.00</u> ✓	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ <u>5,473.00</u> ✓	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income: <u>VA comp.</u>	\$ <u>16,099.00</u>	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>35,655.00</u> ✓	\$ _____	\$ <u>35,655.00</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? 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 X Multi-family _____

b. If multi-family, in which unit do you reside? N/A What is the living area of your unit? N/A

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>Service Credit Union</u>	Value \$ <u>213.61</u> ✓
Checking Account:	Institution <u>Service Credit Union</u>	Value \$ <u>13,361.50</u> ✓
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type <u>Checking</u>	Institution <u>BANK PROV.</u>	Value \$ <u>5819.94</u> ✓
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$2500.00 (?)

Vehicles:

Car make <u>Ford</u>	Model <u>ESCAPE</u>	Year <u>2015</u>	Mileage <u>54,197</u>	Value \$ <u>9,370.00</u>
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 <u>N/A</u>	In town & State _____	Value \$ _____
Property type <u>N/A</u>	In town & State _____	Value \$ _____

Total of all assets \$ 19,240.05

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: Patricia A. Eaton Spouse's Signature: _____ Date: 2/24/21

Telephone number: 603-760-2335 (Office use only) Reviewed by AT