FORM PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

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Deaf Exemption (RSA 72:38-b)	Deaf Exemption (RSA 72:38-b)		LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)				
Disabled Exemption (RSA 72:37-b)	Disabled Exemption (RSA 72:37-b)		12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62)				
Electric Energy Storage Systems Exemption (RSA 72:85) 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 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. 2/25/24	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? 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 DATE		Deaf Exemption (RSA 72:38-b) Wind-Powered Energy Systems Exemption (RSA 72:66)				
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? 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 onlinete. 2/25/21	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? 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 continues. SIGNATURES SIGNATURE (IN INK) OF PROPERTY OWNER DATE		Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)				
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 only plete. 9/25/21	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		Electric Energy Storage Systems Exemption (RSA 72:85)				
RESIDENCY 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. 9/25/21	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						
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SIGNATURES and complete. 2/25/21	SIGNATURES and complete. SIGNATURE (IN INK) OF PROPERTY OWNER 9/25/21 DATE		14. Do you own 100% interest in this residence? (Yes () No If NO, what percent (%) do you own?				
SIGNATURES and complete. 2/25/21	SIGNATURES and complete. SIGNATURE (IN INK) OF PROPERTY OWNER 9/25/21 DATE	STEDS	Under genalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct				
SIGNATURE (IN INK) OF PROPERTY OWNER 2/25/21 DATE							
SIGNATURE (IN INK) OF PROPERTY OWNER DATE			Valricia V. Cabi				
	CIONATI DE (IN INKO DE DODECTY MANER		SIGNATURE (IN INK) OF PROPERTY OWNER DATE				
SIGNATURE (IN INK) OF PROPERTY OWNER	DATE DISTANCE (IN INIT) OF PROPERTY OWNER		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 to a signature area to a

1) Personal Information			Town of S		
Applicant's name(s):	Atricia A. Ente	DN	Assessor's Office		
Mailing address: <u>30</u>	Atricia A. Eate Brown Ave.	SEABROOK, N	4 03874		
	: single: \				
Residence owned: solely	/:joint tenants:	w/other(s) Trust:	Life estate		
	residence: 2/2 yrs. Tha				
Date of birth: ///24/1949 Age: 7/ Spouse's date of birth: N/A Age:					
Do you own real estate other than your occupied NH residence?					
2) Income Information (y	<u>/early</u> amount from <u>last year)</u>				
	VERIFICATION OF ALL THE FOLL	LOWING MUST BE SUBMITTED	1		
	Applicant	Applicant's Spouse			
a. Social Security:	: 14,083.00	\$			
b. Pension & Retirement	\$	\$			
c. Wages:	\$ <u>5,473.00 V</u>	\$			
d. Rental Income:	\$	\$			
e. Other Income: VA	\$16,099.00	\$			
f. Interest Income	\$	\$			
	\$ 35,655.00	\$	\$35,655.00		
	Total Income	Total Income	Total of all Income		
Are you required to file ar provide a copy of your ret	n interest and dividends tax retur iurn)	n to the State of New Hampsh	nire?(If yes, please		
Are you required to file an income tax return. If no, p verification purposes.	IRS tax return? <u>/es</u> (If lease sign the attached form 882	yes, please provide a copy of 21 authorizing the Town of Sea	your most recent federal abrook to contact the IRS for		

¥	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? NA What is the living area of your unit? NA				
	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 Service Gredit Union Value \$ 2/3, 6/				
	Checking Account: Institution Service Credit Union Value \$ 13,36,50				
	IRA: Institution Value \$				
	CD: Institution Value \$				
	Type Checking Institution BANK PROV. Value \$58/9.94				
	Type Institution Value \$				
Vehicles: Car make Ford Model Escape Year 2015 Mileage 54,197 Value \$ 9,370.00					
	Car make Model / Year / Mileage \				
	Car make Model Year Mileage Value \$ Value				
R	Nodel Year Mileage Value 8				
R	teal Estate: Other than your occupied NH Residence				
P	roperty type Value \$				
P	roperty type				
	Total of all assets \$ 19, 240,05				
kr ag in	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 o thi information. Applicant's Signature: Date: 2/24/3				
Telephone number: 603-760 - 2335 (Office use only) Reviewed by					