

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/
 TAX CREDITS/DEFERRAL APPLICATION**

Property for which Exemption/Tax Credit/Deferral is claimed:

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME Johnson	FIRST NAME Clark	INITIAL A			
	PROPERTY OWNER'S LAST NAME Johnson	FIRST NAME Donna	INITIAL L			
	MAILING ADDRESS 111 Rte 286 #79					
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874			
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 79 Cynthia Circle					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 15		BLOCK # 102	LOT # 79		
	VETERANS' TAX CREDIT			<u>Granted/Denied</u> <u>Date</u>		
	<input type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000)	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # _____				
	<input type="checkbox"/>	Other Information _____				
	VETERANS' EXEMPTION			<u>Granted</u> <u>Denied</u> <u>Date</u>		
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner
	APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS					
Income Limits	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		
Asset Limits			80 + years of age	\$ 200,000		
Single	\$ _____	\$ 250,000				
Married	\$ _____	\$ 250,000				
OTHER EXEMPTIONS			<u>Granted</u> <u>Denied</u> <u>Date</u>			
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$ 200,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Disabled Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Blind Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
Elderly & Disabled Tax Deferral			<u>Granted</u> <u>Denied</u>			
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
For Deferrals: This page must be returned to the property owner after approval or denial on or before July 1st following the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)						
STEP 3 COMMENTS/ NOTES	Municipal Comments/Notes					
STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date			
	Theresa Kyle, Chairman					
	Ella Brown					
	Aboul B. Khan					
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 1st following the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2013 property taxes, you have until September 1, 2014, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify EXEMPTION APPEAL .					

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

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

RECEIVED

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER AND APPLICANT NAME AND ADDRESS

OWNER
APPLICANT'S LAST NAME: Clark, Donna Johnson
APPLICANT'S FIRST NAME: Clark
MI: A
PHONE NUMBER:
MAILING ADDRESS: 111 Rte 286 # 79
CITY/TOWN: Seabrook
STATE: NH
ZIP CODE: 03874
PROPERTY ADDRESS: 79 Cynthia Circle
TAX MAP: 15
BLOCK: 102
LOT: 79
IS THIS YOUR PRIMARY RESIDENCE? YES

PROPERTY OWNER NAME

STEP 2
VETERANS' TAX CREDITS AND EXEMPTION

VETERAN'S INFORMATION

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
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

PROPERTY OWNER NAME

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)
10a. Applicant's Date of Birth: 4-11-37
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)
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

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
DATE: 12-16-2021

TAX MAP | BLOCK | LOT

**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

FEB 10 2021

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Clark & Donna Johnson

Mailing address: 79 Cynthia Circle Seabrook, NH

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

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

Number of years owned residence: 21 I have been a legal resident of NH since: 1999

Date of birth: 4-11-1937 Age: 83 Spouse's date of birth: 6-22-1946 Age: 74

Do you own real estate other than your occupied NH residence? (If yes, please attach tax bill)
Donna only

2) Income Information (yearly amount from last year)

VERIFICATION OF ALL THE FOLLOWING MUST BE SUBMITTED

	Applicant	Applicant's Spouse	
a. Social Security:	\$ <u>24139.20</u>	\$ <u>9618.20</u>	
b. Pension & Retirement	\$ <u>21035.-</u>	\$ <u>—</u>	
c. Wages:	\$ <u>—</u>	\$ <u>—</u>	
d. Rental Income:	\$ <u>—</u>	\$ <u>—</u>	
e. Other Income:	\$ <u>—</u>	\$ <u>—</u>	
f. Interest Income	\$ <u>—</u>	\$ <u>—</u>	
	\$ <u>45174.20</u>	\$ <u>9618.20</u>	<u>54,792.40</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? (If yes, please provide a copy of your return)

Are you required to file an IRS tax return? (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>TD Bank</u>	Value \$ <u>4290.07</u>
Checking Account:	Institution <u>TD Bank</u>	Value \$ <u>1502.97</u>
IRA:	Institution <u>-</u>	Value \$ <u>-</u>
CD:	Institution <u>-</u>	Value \$ <u>-</u>
Type <u>Savings</u>	Institution <u>TD Bank</u>	Value \$ <u>5523.32</u>
Type <u>Savings</u>	Institution <u>TD Bank</u>	Value \$ <u>5949.18</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 15000.-

Vehicles:

Car make <u>Subaru</u>	Model <u>Forester</u>	Year <u>2018</u>	Mileage <u>10,500</u>	Value \$ <u>Leased</u>
Car make <u>-</u>	Model <u>-</u>	Year <u>-</u>	Mileage <u>-</u>	Value \$ <u>-</u>
Boat make <u>-</u>	Model <u>-</u>	Year <u>-</u>	Mileage <u>-</u>	Value \$ <u>-</u>
RV make <u>-</u>	Model <u>-</u>	Year <u>-</u>	Mileage <u>-</u>	Value \$ <u>-</u>

Real Estate: Other than your occupied NH Residence

Property type <u>land</u>	In town& State <u>Newbury, NH</u>	Value \$ <u>45,300.-</u>
Property type <u> </u>	In town& State <u> </u>	Value \$ <u> </u>

Total of all assets \$ 77,565.34

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: [Signature] Date: 2-10-2021

Telephone number: 603-474-6046 (Office use only) Reviewed by [Signature]