

**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"

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>Francioso</b>	FIRST NAME <b>Sandra</b>	INITIAL <b>L</b>	PROPERTY OWNER'S NAME			
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL				
	MAILING ADDRESS <b>168 Walton Road Unit 51</b>						
	CITY/TOWN <b>Seabrook</b>	STATE <b>NH</b>	ZIP CODE <b>03874</b>				
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED <b>86 Silver St</b>						
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>14</b>			BLOCK # <b>6</b>	LOT # <b>104</b>	PROPERTY OWNER'S NAME           TAX MAP/BLCK/LOT	
	<b>VETERANS' TAX CREDIT</b>			Granted	Denied		Date
	<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 _____					
	<b>VETERANS' EXEMPTION</b>			Granted	Denied		Date
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>		(b) Surviving Spouse/CU Partner
	<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>						
<b>Income Limits</b>	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category				
Single	\$ _____	\$ <b>38,000</b>	65 - 74 years of age	\$ <b>160,000</b>			
Married	\$ _____	\$ <b>58,000</b>	75 - 79 years of age	\$ <b>170,000</b>			
<b>Asset Limits</b>			80 + years of age	\$ <b>200,000</b>			
Single	\$ _____	\$ <b>250,000</b>					
Married	\$ _____	\$ <b>250,000</b>					
<b>OTHER EXEMPTIONS</b>			Granted	Denied	Date		
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$ <b>170,000</b>	<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"/>	_____		
<b>Elderly &amp; Disabled Tax Deferral</b>			Granted	Denied			
<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 <b>following</b> the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)							
<b>STEP 3 COMMENTS/ NOTES</b>	Municipal Comments/Notes						
<b>STEP 4 SIGNATURES</b>	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date				
	<b>Theresa Kyle, Chairman</b>						
	<b>Ella Brown</b>						
	<b>Aboul B. Khan</b>						
<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1st</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .						

Ed.

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

FEB 16 2021

OWNER AND APPLICANT INFORMATION

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS

OWNER: Sandra Francioso
APPLICANT'S LAST NAME: Francioso
APPLICANT'S FIRST NAME: Sandra
MI: L.
PHONE NUMBER: 814-1737
MAILING ADDRESS: 168 Walter Rd #51
CITY/TOWN: Seabrook
STATE: NH
ZIP CODE: 03874
PROPERTY ADDRESS: 86 Silver St
TAX MAP: 14
BLOCK: 6
LOT: 104
IS THIS YOUR PRIMARY RESIDENCE? YES

If required, is a PA-29 on file? YES NO
Seabrook Assessor's Office

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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
8. Please Check One.
US Citizen at time of entry into Service
Alien but resident of NH at time of entry into Service

9. Does any other eligible Veteran own interest in this property?
YES NO If YES, provide name

STANDARD EXEMPTIONS

STEP 3 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 7-21-43 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.
Signature: Sandra Francioso
Date: 2/16/2021

2021 ETS

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

**RECEIVED**

FEB 18 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): Sandra L. Francioso

Mailing address: 168 Walton Rd. Unit 51, Seabrook, NH 03874 86 Silver St.

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

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

Number of years owned residence: 9 yrs. 9 mos. I have been a legal resident of NH since: May 2017

Date of birth: 7/21/1943 Age: 77 Spouse's date of birth: N/A Age: N/A

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>20,095.20</u>	\$ _____	
b. Pension & Retirement	\$ <u>1297.32</u> <i>all right situations BPS. monthly amount no cash value</i>	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ <u>943.42</u> <i>granite state</i>	\$ _____	
	\$ <u>22,335.94</u>	\$ _____	<u>22,335.94</u>
	<b>Total Income</b>	<b>Total Income</b>	<b>Total of all Income</b>

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 Granite State Credit Union Value \$ 10.00

Checking Account: Institution Granite State Credit Union Value \$ 2,703.70

IRA: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

CD: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Type Money Market Institution Granite State Credit Union Value \$ 198,106.517

Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

**Estimated yard sale value of furniture, jewelry, furs, antiques, etc** \$ 4,000

**Vehicles:**

Car make Aldsmobile Model Silverado Year 2001 Mileage 137,000 Value \$ 2,100

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

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

**Total of all assets** \$ 207,478.87

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: Sandra Francisco Spouse's Signature: \_\_\_\_\_ Date: 2/16/2021

Telephone number: (603) 814-1739

(Office use only) Reviewed by [Signature] OKAT