

**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		FIRST NAME	INITIAL		
	Pratt		Donna	R		
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL		
	MAILING ADDRESS					
	23 Riley Road					
CITY/TOWN		STATE	ZIP CODE			
Seabrook		NH	03874			
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED						
23 Riley Road						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 3		BLOCK # 15	LOT #		
	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"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	<input type="checkbox"/>
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 \$ 160,000	<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		
	Ella Brown, Chairman					
	Aboul B. Khan					
	Theresa Kyle					
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/BL/OCK/LOT

RECEIVED

MAR - 8 2021

FORM PA-29

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

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER
 [Donna Pratt] If required, is a PA-33 on file YES NO
 APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER
 [Pratt] [Donna] [R.] []
 APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER
 [] [] [] []
 MAILING ADDRESS
 [23 Riky Rd]
 CITY/TOWN STATE ZIPCODE
 [Seabrook] [NH] [03874]
 PROPERTY ADDRESS TAX MAP BLOCK LOT
 [23 Riky Rd] [3] [15] []
 IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of 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 []
 9. Does any other eligible Veteran own interest in this property?
 YES NO If YES, provide name
 YES NO []
 8. Please Check One.
 US Citizen at time of entry into Service
 Alien but resident of NH at time of entry into Service

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 [10-18-48] 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] DATE [03/08/2021]
 SIGNATURE (IN INK) OF PROPERTY OWNER DATE
 [Signature] DATE

2024
E75

E65

**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.

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1) Personal Information

MAR - 8 2021

Applicant's name(s): Donna P. Pratt
Mailing address: 23 Riley Rd. Seabrook, NH 03874

Town of Seabrook
Assessor's Office

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

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

Number of years owned residence: 34 I have been a legal resident of NH since: 1987

Date of birth: 12/18/1948 Age: 72 Spouse's date of birth: N/A Age: N/A

Do you own real estate other than your occupied NH residence? yes (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>13,843.20</u> ✓	\$ <u>N/A</u>	
b. Pension & Retirement	\$ <u>2,304.48</u> ✓	\$ <u>N/A</u>	
c. Wages:	\$ <u>0</u>	\$ <u>N/A</u>	
d. Rental Income:	\$ <u>0</u>	\$ <u>N/A</u>	
e. Other Income:	\$ <u>0</u> ^{IRA} <u>118.00</u>	\$ <u>N/A</u>	
f. Interest Income	\$ <u>135.38</u> ✓	\$ <u>N/A</u>	
	\$ <u>16,283.06</u>	\$ <u>N/A</u>	
	Total Income	Total Income	Total of all Income
			\$ <u>16,400.00</u> ✓ <u>16,283.06</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? N/A 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>Institution for Savings</u>	Value \$	<u>20,426.89</u> ✓
Checking Account:	Institution	<u>Institution for Savings</u>	Value \$	<u>14,633.79</u> ✓
IRA:	Institution	<u>Institution for Savings</u>	Value \$	<u>2,930.68</u> ✓
CD:	Institution	_____	Value \$	_____
Type _____	Institution	_____	Value \$	_____
Type _____	Institution	_____	Value \$	_____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 1,000

Vehicles:

Car make	<u>0</u>	Model	<u>None</u>	Year	_____	Mileage	_____	Value \$	_____
Car make	_____	Model	_____	Year	_____	Mileage	_____	Value \$	_____
Boat make	<u>0</u>	Model	_____	Year	_____	Mileage	_____	Value \$	_____
RV make	<u>0</u>	Model	_____	Year	_____	Mileage	_____	Value \$	_____

Real Estate: Other than your occupied NH Residence

Property type TRAILER ^{holder} 0 In town & State St. Petersburg, FL Value \$ 42,000

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

Total of all assets \$ 90900.00 ✓

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: _____ Spouse's Signature: N/A Date: 3/8/2021

Telephone number: 603-765-2340 (Office use only) Reviewed by A.S. AS