

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		FIRST NAME	INITIAL	
	Reardon		Ida	M.	
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL	
	MAILING ADDRESS				
	39 Stacey Ave				
CITY/TOWN		STATE	ZIP CODE		
Seabrook		NH	03874		
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED					
39 Stacey Ave					
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # 8		BLOCK # 13	LOT # 39	
	<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"/>
	<input type="checkbox"/>		<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>
<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	\$ _____	\$ 38,000	65 - 74 years of age	\$ 160,000	
Married	\$ _____	\$ 58,000	75 - 79 years of age	\$ 170,000	
<b>Asset Limits</b>			80 + years of age	\$ 200,000	
Single	\$ _____	\$ 250,000			
Married	\$ _____	\$ 250,000			
<b>OTHER EXEMPTIONS</b>			Granted Denied Date		
<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"/>	
<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 COM- MENTS/ NOTES</b>	Municipal Comments/Notes				
<b>STEP 4 SIGNA- TURES</b>	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date		
	Ella Brown, Chairman				
	About B. Khan				
	Theresa Kyle				
<b>APPEAL PROCE- DURE</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> .				

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

Elad

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

L/E Ida Reardon

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER

If required, is a PA-33 on file?  YES  NO

APPLICANT'S LAST NAME: Lisa Higgins + Katina Reardon APPLICANT'S FIRST NAME: IDA MI: M PHONE NUMBER: [ ]

APPLICANT'S LAST NAME: REARDON APPLICANT'S FIRST NAME: IDA MI: M PHONE NUMBER: [ ]

MAILING ADDRESS: 39 STACEY AVE

CITY/TOWN: SEABROOK STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 39 STACEY AVE TAX MAP: 8 BLOCK: 13 LOT: 39

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

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)

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MAR 9 2021  
Town of Seabrook  
Assessor's Office

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

PROPERTY OWNER 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: 2-3-30 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 (IN INK) OF PROPERTY OWNER: [Signature] DATE: 3/9/2021

SIGNATURE (IN INK) OF PROPERTY OWNER: [ ] DATE: [ ]

TAX MAP | BLOCK | LOT

Elad

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

**RECEIVED**

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.

MARK MAR 19 2021

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Ida M Regan  
 Mailing address: 25 Perkins Ave #39 Seabrook NH 03874  
 Marital status: married: \_\_\_\_\_ single: \_\_\_\_\_ Widow(er):   
 Residence owned: solely:  joint tenants: \_\_\_\_\_ w/other(s) \_\_\_\_\_ Trust: \_\_\_\_\_ Life estate   
 Number of years owned residence: 15 yrs I have been a legal resident of NH since: 6/30/06  
 Date of birth: 2/3/56 Age: 65 Spouse's date of birth: \_\_\_\_\_ 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**

	<del>Applicant</del> Applicant	Applicant's Spouse	
a. Social Security:	\$ <del>15,756.00</del> ✓	\$ _____	husband deceased 3/2/2020
b. Pension & Retirement	\$ 2689.68 ✓	\$ IRA	
c. Wages:	\$ 7600.00 ✓	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ 7848.00 ✓	\$ <del>pension</del> unempl.	
f. Interest Income	\$ 572.00	\$ life insurance interest	
	\$ 34,465.49	\$ _____	\$ 34,465.00 ✓ OK
	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  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>Provident</u>	Value \$ <u>7511.00</u> ✓
Checking Account:	Institution <u>Provident</u>	Value \$ <del>300.00</del> <u>1142.00</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$2000-

Vehicles:

Car make Subaru Model Legacy Year 2014 Mileage 115,000 Value \$ 7,000.00

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 \$ 17,453

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: \_\_\_\_\_ Date: 3/9/2021

Telephone number: 928 229 2129 (Office use only) Reviewed by [Signature] 3/9/2021