

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

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

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

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME Klement	FIRST NAME Joan	INITIAL E	
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL	
	MAILING ADDRESS 25 Perkins Ave #86			
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 86 Jay Ct				
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 8		BLOCK # 13	LOT # 86
	VETERANS' TAX CREDIT			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 _____		
	VETERANS' EXEMPTION			Granted Denied Date
	<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 \$ _____	
Married	\$ 58,000	\$ _____	75 - 79 years of age \$ _____	
Asset Limits			80 + years of age \$ _____	
Single	\$ 250,000	\$ _____		
Married	\$ 250,000	\$ _____		
OTHER EXEMPTIONS			Granted Denied Date	
<input type="checkbox"/>	Elderly Exemption	Amount \$ _____	<input type="checkbox"/> <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Disabled Exemption	Amount \$ 160,000	<input checked="" 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			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 following the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34.IV)				
STEP 3 COM- MENTS/ NOTES	Municipal Comments/Notes			
STEP 4 SIGNA- TURES	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/BLOCK/LOT

Dis

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
APR 23 2021

Town of Seabrook
Assessor's Office

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER AND APPLICANT NAME AND ADDRESS

OWNER: Klement Joan E

APPLICANT'S LAST NAME: Klement APPLICANT'S FIRST NAME: Joan MI: E.

MAILING ADDRESS: 25 Perkins Ave # 86

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 86 JOY CT TAX MAP: 8 BLOCK: 13 LOT: 86.

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

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

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

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: _____ 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: 04/23/2021

SIGNATURE (IN INK) OF PROPERTY OWNER: _____ DATE: _____

TAX MAP | BLOCK | LOT

Dis

1 of 5 2023 apply F/ Etd.

2022 remove Dis. over income

Dear Selection,

I am sincerely asking/hoping,
that you could overlook the fact
that my request/paperwork is 8 days
late of completely beyond my
Control, #1 Still due to Covid, and
#2, dealing with Social Security⁰⁰
you cannot get on in person appt.
with them unless it is a crucial
matter. And my recent settlement
is a nontaxable weekly/month work comp
payment (to which they determine) to last
the rest of my life?

Thank you in advance
for your consideration in
this matter.

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

RECEIVED

APR 23 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): Joan Klement
 Mailing address: 25 Perkins Ave #86 Seabrook, N.H.
 Marital status: married: _____ single: Widow(er): _____
 Residence owned: solely: joint tenants: _____ w/other(s) _____ Trust: _____ Life estate _____
 Number of years owned residence: 4+ I have been a legal resident of NH since: 1964
 Date of birth: 6/16/1956 Age: 64 Spouse's date of birth: N/A 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

	Applicant	Applicant's Spouse	
a. Social Security:	\$ <u>14,514.</u>	\$ <u>N/A</u>	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ <u>18,455.32 (workmans comp) ?</u>	\$ _____	
f. Interest Income	\$ <u>58100 Hamscom Fed CU.</u>	\$ _____	
	\$ <u>33,550.32</u>	\$ _____	
	Total Income	Total Income	Total of all Income <u>33,550.32</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 mobile home 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>Hanscom. Federal CU</u>	Value \$ <u>6267.45</u>
Checking Account:	Institution <u>Hanscom. Fed CU</u>	Value \$ <u>5526.74</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution <u>" "</u>	Value \$ <u>20,032.46</u>
Type <u>Savings</u>	Institution <u>Service CU</u>	Value \$ <u>580.20</u>
Type <u>Check</u>	Institution <u>" "</u>	Value \$ <u>1548.95</u>
<u>money market</u>	<u>" "</u>	Value \$ <u>89,259.38</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 10,000

Vehicles:

Car make Toyota Model Rav 4 Year 2013 Mileage _____ Value \$ 8,500.

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 N/A In town & State _____ Value \$ _____

Property type N/A In town & State _____ Value \$ _____

Total of all assets \$ 141,715.18

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: 4/23/2011

Telephone number: 603-438-8647 (Office use only) Reviewed by CC. + A.S. ✓