

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			
	Louf Sr		Stephen					
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL			
	Louf		Beatrice					
	MAILING ADDRESS							
944 Lafayette Road Unit 34								
CITY/TOWN STATE ZIP CODE								
Seabrook NH 03874								
PROPERTY ADDRESS FOR WHICH EXEMPTION,CREDIT,DEFERRAL IS CLAIMED								
34 B St								
STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	CITY/TOWN TAX MAP # 7		BLOCK # 90		LOT # 34			
	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	<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								
Granted Denied Date								
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$	170,000		<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								
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 PROCE- DURE	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

RECEIVED

APR 15 2021

FORM PA-29

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 AND APPLICANT INFORMATION form fields including Owner Name (LOUF, STEPHEN SIL + BEATRICE), Address (944 LAFAYETTE RD #34 SEABROOK NH), and Primary Residence status (YES).

Town of Seabrook
If required, is a PA-29 to be filed with the Seabrook Office
YES NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

VETERAN'S INFORMATION

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

VETERAN'S INFORMATION form fields including Applicant type (Veteran, Spouse, Surviving Spouse) and Applying for (Veterans' Tax Credit, etc.).

Veteran's Name, Dates of Military Service, Date of Entry, Date of Discharge/Release, and Allied Country information.

STANDARD EXEMPTIONS

STEP 3 EXEMPTIONS

Standard Exemptions form fields including Elderly Exemption (checked) and Improvements to Assist Persons with Disabilities.

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

Local Optional Exemptions form fields including Blind, Deaf, Disabled, Solar Energy Systems, Wind-Powered Energy Systems, and Woodheating Energy Systems.

STEP 4 RESIDENCY

Residency form fields including NH Resident for One Year, Five Consecutive Years, and Three Consecutive Years (checked).

STEP 5 OWNERSHIP

Ownership form field: Do you own 100% interest in this residence? (checked) Yes No

STEP 6 SIGNATURES

Signatures and dates for property owners: Beatrice Louf (4/22/21) and Stephen Louf (4/22/21).

2003 480 675

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

*orig 4/15/21 est
2nd copy rec'd 4/21/21*

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): Beatrice and Stephen Louf

Mailing address: 34 B St 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: 4 I have been a legal resident of NH since: _____

Date of birth: 6/21/42 Age: 78 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

	Applicant	Applicant's Spouse	
a. Social Security:	\$ <u>11,155.20</u>	\$ <u>5376.00</u>	
b. Pension & Retirement	\$ <u>Ø</u>	\$ <u>Ø</u>	
c. Wages:	\$ <u>Ø</u>	\$ <u>Ø</u>	
d. Rental Income:	\$ <u>Ø</u>	\$ <u>Ø</u>	
e. Other Income:	\$ <u>Ø</u>	\$ <u>Ø</u>	
f. Interest Income	\$ <u>Ø</u>	\$ <u>Ø</u>	
	\$ <u>11,155.20</u>	\$ <u>5376.00</u>	\$ <u>16,531.20</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? 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)

Beatrice Stephen

Savings Account:	Institution _____	Value \$ _____
Checking Account:	Institution <u>Eastern Bank</u>	Value \$ <u>207.30</u> <u>910.88</u>
IRA:	Institution <u>Ø</u>	Value \$ _____
CD:	Institution <u>Ø</u>	Value \$ _____
Type <u>MoneyMarket</u>	Institution <u>Eastern Bank</u>	Value \$ <u>.45</u>
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 500.00

Vehicles:

Car make <u>Volkswagon</u>	Model <u>Bug</u>	Year <u>1999</u>	Mileage <u>53,000</u>	Value \$ <u>1,892.00</u>
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 <u>N/A</u>	In town & State _____	Value \$ _____
Property type <u>N/A</u>	In town & State _____	Value \$ _____

Total of all assets \$ 2599.03 ✓

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 Beatrice Stephen Spouse's Signature [Signature] Date: 4/19/21

Telephone number: 603-814-9494 (Office use only) Reviewed by DKA 4/23/21