FORM PA-35

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

Property for which Exemption/Tax

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

Credit/Deferral is claimed: PROPERTY OWNER'S LAST NAME FIRST NAME INITIAL STEP 1 Mckay John NAME PROPERTY OWNER'S LAST NAME FIRST NAME INITIAL AND PROPERTY OWNER'S NAME **ADDRESS** Mckay Bonnie MAILING ADDRESS 55 Heather Lane STATE ZIP CODE CITY/TOWN NH 03874 Seabrook PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 55 Heather Lane BLOCK # 102 CITY/TOWN TAX MAP # 15 LOT# 55 STEP 2 EXEMP-**VETERANS' TAX CREDIT** Granted/Denied Date TIONS/ TAX Veterans' Tax Credit \$50 minimum (to \$500) Amount \$ CRED-Service Connected Total & Permanent Disability \$700 minimum to \$2000 Amount \$ ITS/ Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000) Amount \$ DEFER-RAL Review Discharge Papers (ei: Form DD214), Form # Other Information VETERANS' EXEMPTION Granted Denied Date Total Exemption (a) Veteran (b) Surviving Spouse/CU Partner APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS Elderly Exemption Elderly Exemption Per Age Category Disabled Exemption Income Limits S \$ 65 - 74 years of age Single 38,000 160.000 OWNER'S NAME Married 75 - 79 years of age \$ 58,000 170,000 80 + years of age **Asset Limits** 200,000 \$ Single 250,000 Married 250,000 OTHER EXEMPTIONS Granted Denied Date 160.000 Elderly Exemption Amount \$ Disabled Exemption Amount \$\_\_\_\_\_ Improvements to Assist the Deaf Amount \$ Improvements to Assist Persons with Disabilities Amount \$ Blind Exemption Amount \$ \_ Deaf Exemption Amount \$\_ Amount \$... Solar Energy Systems Exemption TAX MAP/BLOCK/LOT Woodheating Energy Systems Exemption Amount \$ Wind-Powered Energy Systems Exemption Amount \$ **Elderly & Disabled Tax Deferral** Granted **Denied** Amount \$ Elderly and Disabled Tax Deferral 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 Municipal Comments/Notes COM-MENTS/ NOTES Selectmen/Assessor(s) Printed Name Signature of Selectmen/Assessor(s) in ink STEP 4 SIGNA-Ella Brown, Chairman **TURES** Aboul B. Khan Theresa Kyle 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 <a href="https://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**. APPEAL PROCE-DURE

**FORM** PA-29 NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

FA-23	DUE DATE APRIL 15 PREC		OF THE TAX RATE		R 12 2021			
OTEO 4	OWNER AND APPLICANT INFORMATION							
STEP 1 OWNER	OWNER	If required is a PA-33 of Propie						
AND APPLICANT	MCKAY JOHN & BONNIE			Assess Office				
NAME	APPLICANT'S LAST NAME	APPLICANT'S FIRST	NAME	MI PHONE	NUMBER			
AND ADDRESS	MCKAY	JOHN						
	APPLICANT'S LAST NAME	APPLICANT'S FIRST	NAME	MI PHONE	NUMBER			
	MAILING ADDRESS	BONNIE	3					
	55 HEATHER UN							
	CITY/TOWN STATE ZIPCODE							
	SENBROOK, VIH	03874	NH		3874			
	PROPERTY ADDRESS		TAX MAP	BLOCK	LOT			
	STHEHTHER CN		15	102	55			
	IS THIS YOUR PRIMARY RESIDENCE?  YES							
	VETERAN'S INFORMATION							
STEP 2 VETERANS'	1. APPLICANT IS THE: 2. APPLYING FOR:							
TAX CREDITS AND	Veteran Veterans' Tax Cre	dit (RSA 72:28) Standard	(\$50) / Optional (\$51 up to	\$750)				
EXEMPTION	Spouse All Veterans' Tax (	Credit (RSA 72:28-b) If Ad	lopted by Town Standard (	(\$50) / Optional (\$51)	up to \$750)			
	Surviving Spouse Tax Credit for Serv	vice-Connected Total Di	isability (RSA 72.35) Stand	lard (\$700) / Optional	(\$701 up to \$4,000)			
	Tax Credit for Sun	viving Spouse (RSA 72:2	9-a "of any person who wa	as killed or died while	on active duty")			
	Tax Credit for Com	nbat Service (RSA 72:28-	c) If Adopted by Town (\$5	0 up to \$500)				
	Certain Disabled V	eterans (Exemption) (R	RSA 72:36-a)					
	3. Véteran's Name	VERNING THE PROPERTY.	4. Data of Entry	E Data of Disaba	T Z			
		tes of Military Service Enter (MMDDYYYY)	4. Date of Entry	5. Date of Discha	arge/Release			
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)		O DEVICE SERVICE		ALLEGE SERVICES			
	6. Name of Allied Country Served in 7. Branch of Service							
	9. Does any other eligible Veteran own interest in this p							
	YES NO If YES, provide name  US Citizen at time of entry into Service  Alien but resident of NH at time of entry in							
				it of NH at time of e	entry into Service			
STEP 3		TANDARD EXEMP						
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 3/2/57 10b. Spouse's Date of Birth 1/18/54							
	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)							
STED 4	13. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)							
STEP 4 RESIDENCY								
	NH Resident for Five Consecutive Years (Deal) 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	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 (Ekderly Exemption)  14. Do you own 100% interest in this residence?  No If NO, what percent (%) do you own?							
STEP 6	Under penalties of penuty, i declare that I have examined this document and to the best of my belief the information herein is true, correct							
SIGNATURES	and complete.							
	SIGNATURE (IN INK) OF PROPERTY OWNER							
	BONNIE I MOKAY 4/12/21							
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE							

## 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.

Tuwn of Sectors

ADD 40 000

Town of Seabrook Assessor's Office

1) Personal Information	n	Assessor's Office								
	John McKay									
Mailing address: 55 Heather Lane Scabrook										
Marital status: married: single: Widow(er):										
Residence owned: solely: joint tenants: w/other(s) Trust: Life estate										
Number of years owned	residence:	I have been a legal resident of NH since: May 2017								
Date of birth: <u>3/29/5</u>	2 Age: 69 Sp	pouse's date of birth: 12/18/54 Age: 66								
Do you own real estate o	other than your occupied N	IH residence?(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:	\$ 26,/31.20"	\$ 9,583,20								
b. Pension & Retirement	\$	\$								
c. Wages:	\$	\$								
d. Rental Income:	\$	\$								
e. Other Income:	\$	\$								
f. Interest Income	\$									
	\$ 26,131.20 Total Income	\$ 9,583,20 35,7/4,40 Total of all income								
Are you required to file an provide a copy of your reto	interest and dividends tax urn)	return to the State of New Hampshire? (If yes, please								
Are you required to file an income tax return. If no, pl verification purposes.	IRS tax return?	(If yes, please provide a copy of your most recent federal m 8821 authorizing the Town of Seabrook to contact the IRS for								

3. Asset Information					
a. Type of property for w	hich exemption is claimed	d: Single Famil	y/_ M	ulti-family	
b. If multi-family, in whic	h unit do you reside?	What i	s the living are	of your unit?	
Assets: Please list all assets owners Savings Accounts or Investors, etc.)		s, stocks, bonds	, IRA's, annuitio	es, travel trailers, RV's, boats, a	ntiques
YOU MUST	SUBMIT VERIFICATION OF	THESE AMOUNTS	(CURRENT STAT	EMENTS WITH BALANCES	
Savings Accoun	t: Institution <u>Bro</u>	okline B	ank	Value \$ 10,828.69	· <u> </u>
Checking Accou	nt: Institution Brook	Line Bank	<u> </u>	Value \$ 16,828.69 P Value \$ 2,044.86 Value \$ 545.34	V
IRA:	Institution	THE BAI	12	Value \$5 45, 34	1
CD:	Institution			Value \$	
Туре	Institution			Value \$	
Туре	Institution			Value \$	
Vehicles:	ard sale value of furnit			etc \$ 5,000 8,000 Value \$ 4,000	6
Car make	Model	Year	Mileage	Value \$	
Boat make	Model	Year	Mileage	Value \$	
RV make	Model	Year	Mileage	Value \$	
Real Estate: Other than your o	occupied NH Residence				
Property type	In town& State		V	lue\$	
Property type	In town& State				
			Total of all ass	sets \$ 2419 V	
knowledge. I further authorize agent of the Town of Seabrook	any agency or financial insti Assessor's Office. I release	itution to release all persons whom	information abous soever from any	financial condition to the best of out me or copies of my records to a r liability resulting from the release	any e o this
Applicant's Signature:	Sp	oouse's Signatu	ure: <b>Kow</b>	21. N. Longe: 3/3/	121
Telephone number: 8/6	4 1003 1043	(Offic	e use only) R	eviewed by	V