

**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 Byrne	FIRST NAME Marie	INITIAL			
	PROPERTY OWNER'S LAST NAME Byrne	FIRST NAME James	INITIAL			
	MAILING ADDRESS 25 Perkins Ave Unit 69					
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874			
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 69 Carolyn Ave					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 8		BLOCK # 13	LOT # 69		
	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"/>	(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	\$ 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 \$ 200,000	<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/BLOCK/LOT

RECEIVED

MAR 31 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: Byrne Family Trust

APPLICANT'S LAST NAME: Byrne APPLICANT'S FIRST NAME: Marie MI: PHONE NUMBER:

APPLICANT'S LAST NAME: Byrne APPLICANT'S FIRST NAME: James MI: PHONE NUMBER:

MAILING ADDRESS: 25 Perkins Ave unit 69

CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 69 Carolyn Ave TAX MAP: 8 BLOCK: 13 LOT: 69

IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of Seabrook
Assessor's Office

PROPERTY OWNER NAME

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)

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

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: 11/10/37 10b. Spouse's Date of Birth: 5/19/44

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: Marie Byrne DATE: 3-31-20

SIGNATURE (IN INK) OF PROPERTY OWNER: James Byrne DATE: 3-31-20

TAX MAP | BLOCK | LOT

E90

**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.

RECEIVED

MAR 31 2021

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Marie + James BYRNE

Mailing address: 69 CAROLYN AVE 25 PERKINS AVE
UNIT 69.

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

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

Number of years owned residence: 3 I have been a legal resident of NH since: 3/29/2018

Date of birth: 11/10/36 Age: 84 Spouse's date of birth: 5/9/49 Age: 77

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

	<u>Marie</u> Applicant	Applicant's Spouse	
a. Social Security:	\$ <u>17,815.20</u>	\$ <u>11,635.20</u>	
b. Pension & Retirement	\$ _____	\$ <u>Scotland pen. 2066-16.</u>	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>17,815.20</u>	\$ <u>13,701.36</u>	<u>31,516.56</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? 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.)

APRIL 15/21

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 FB Value \$ 0

Checking Account: Institution TD BANK Value \$ 1896.21

IRA: Institution _____ Value \$ _____

CD: Institution _____ Value \$ _____

Type _____ Institution _____ Value \$ _____

Type _____ Institution _____ Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2,000

Vehicles: Car make 2017 KIA Model SOUL KIA Year 2017 Mileage 60,000 Value \$ 11,000

Car make FORD Model FORD FLEX Year 2013 Mileage 104,160 Value \$ 10,000

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 no Value \$ _____

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

Total of all assets \$ 24,896.21

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: Marie Byrne spouse's Signature James Byrne Date: 3/1/2021

Telephone number: 603-702-1700

(Office use only) Reviewed by Ca 3/1/21

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR
TAX DEFERRAL UNDER RSA 72:33, V
(to be submitted with Form PA-29 or Form PA-30)

RECEIVED

MAR 31 2021

Town of Seabrook
Assessor's Office

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

TYPE OR PRINT

OWNER	MARIE BYRNE - BYRNE FAMILY TRUST		
APPLICANT'S LAST NAME	BYRNE	APPLICANT'S FIRST NAME	MARIE MI
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI
MAILING ADDRESS	69 CAROLYN AVE		
CITY/TOWN	SEABROOK	STATE	NH ZIPCODE 03824
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	Same		

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- Grantor/Revocable Trust
- Equitable Title holder or
- Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
- (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
- (c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above): _____

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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.

X	<u>Marie Byrne</u>	<u>MARIE BYRNE</u>	<u>3/30/21</u>
SIGNATURE (IN INK)		PRINT NAME	DATE
X	_____	_____	_____
SIGNATURE (IN INK)		PRINT NAME	DATE

TELEPHONE NUMBER _____

WHO MUST FILE	To be completed by property owners to establish their status as grantor of the property to a revocable trust, or holding equitable title or the beneficial interest for life in the property. RSA 72:29, VI. For purposes of RSA 72:28, 28-b, 28-c, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
WHEN TO FILE	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered.