

**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<br/>NAME<br/>AND<br/>ADDRESS</b>   | PROPERTY OWNER'S LAST NAME<br><b>Brown</b>   | FIRST NAME<br><b>Margaret</b>  | INITIAL<br><b>L</b>                      |  |                          |                                 |
|  | PROPERTY OWNER'S LAST NAME<br><b>Brown</b>   | FIRST NAME<br><b>Gregory</b>   | INITIAL<br><b>T</b>                      |  |                          |                                 |
|  | MAILING ADDRESS<br><b>71 Walton Road</b>   |  |  |  |                          |                                 |
|  | CITY/TOWN<br><b>Seabrook</b>   | STATE<br><b>NH</b>   | ZIP CODE<br><b>03874</b>                 |  |                          |                                 |
|  | PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED<br><b>71 Walton Road</b>   |  |  |  |                          |                                 |
| <b>STEP 2<br/>EXEMPTIONS/<br/>TAX<br/>CREDITS/<br/>DEFERRAL</b>  | CITY/TOWN TAX MAP # <b>10</b>  |  | BLOCK # <b>39</b>                        | LOT # <b>10</b>                          |                          |                                 |
|  | <b>VETERANS' TAX CREDIT</b>  |  |  | <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 _____  |  |  |                          |                                 |
|  | <b>VETERANS' EXEMPTION</b>   |  |  | <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 |
|  | <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   | \$ _____   | \$ <b>38,000</b>   | 65 - 74 years of age                     | \$ <b>160,000</b>                        |                          |                                 |
| Married  | \$ _____   | \$ <b>58,000</b>   | 75 - 79 years of age                     | \$ <b>170,000</b>                        |                          |                                 |
| <b>Asset Limits</b>  |  |  | 80 + years of age                        | \$ <b>200,000</b>                        |                          |                                 |
| Single   | \$ _____   | \$ <b>250,000</b>  |  |  |                          |                                 |
| Married  | \$ _____   | \$ <b>250,000</b>  |  |  |                          |                                 |
| <b>OTHER EXEMPTIONS</b>  |  |  | <u>Granted</u> <u>Denied</u> <u>Date</u> |  |                          |                                 |
| <input checked="" type="checkbox"/>  | Elderly Exemption  | Amount \$ <b>160,000</b>   | <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>   |  |  | <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 <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<br/>COMMENTS/<br/>NOTES</b>  | Municipal Comments/Notes   |  |  |  |                          |                                 |
| <b>STEP 4<br/>SIGNATURES</b>   | Selectmen/Assessor(s) Printed Name   | Signature of Selectmen/Assessor(s) in ink  | Date                                     |  |                          |                                 |
|  | <b>Ella Brown, Chairman</b>  |  |  |  |                          |                                 |
|  | <b>Aboul B. Khan</b>   |  |  |  |                          |                                 |
|  | <b>Theresa Kyle</b>  |  |  |  |                          |                                 |
| <b>APPEAL PROCEDURE</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

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APR - 5 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

Eld.

OWNER AND APPLICANT INFORMATION

Town of Seabrook

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER: Brown Family Revoc Trust

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

APPLICANT'S LAST NAME: Brown APPLICANT'S FIRST NAME: Margaret MI: L. PHONE NUMBER:

APPLICANT'S LAST NAME: Brown APPLICANT'S FIRST NAME: Gregory MI: T. PHONE NUMBER:

MAILING ADDRESS: 71 Walter Rd

CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 71 Walter Rd TAX MAP: 10 BLOCK: 39 LOT: 10

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)

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: 8-18-53 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: Margaret Brown DATE: 4/5/2021

SIGNATURE (IN INK) OF PROPERTY OWNER: Gregory Brown DATE: 4/5/2021

TAX MAP | BLOCK | LOT

E65

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)

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: Brown Family Revoc Trst.
APPLICANT'S LAST NAME: Brown, APPLICANT'S FIRST NAME: Margaret, MI: L
APPLICANT'S LAST NAME: Brown, APPLICANT'S FIRST NAME: Gregory, MI: J
MAILING ADDRESS: 71 Walter Rd
CITY/TOWN: Seabrook, STATE: NH, ZIPCODE: 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 71 Walter Rd

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)

- [X] 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.

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APR - 5 2021

Town of Seabrook Assessor's Office

Legal Name of Trust (if different than above): Brown Family Revoc Trst.

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

Explanation or additional details:
Greg + Peg are trustees.

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.

XX Margaret L Brown
SIGNATURE (IN INK)

MARGARET L BROWN
PRINT NAME

4/5/2021
DATE

XX Gregory T Brown SR
SIGNATURE (IN INK)

GREGORY T BROWN SR
PRINT NAME

4/5/2021
DATE

603-474-3878
TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. Contains instructions for filing the form and the consequences of non-compliance.



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APR 15 2021

Town of Seabrook Assessor's Office

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.

1) Personal Information

Applicant's name(s): Margaret Brown and Gregory Brown

Mailing address: 71 Walton Rd

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: 1980

Date of birth: 8/18/1953 Age: 67 Spouse's date of birth: 6/19/1957 Age: 63

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>14,731.20</u>                   | \$ <u>21,127.20</u> |                            |
| b. Pension & Retirement | \$ <u>5,029.68</u>                    | \$ <u>3,698.76</u>  |                            |
| c. Wages:               | \$ _____                              | \$ _____            |                            |
| d. Rental Income:       | \$ _____                              | \$ _____            |                            |
| e. Other Income:        | \$ <u>5500</u> <i>Firemans ASSOC.</i> | \$ _____            |                            |
| f. Interest Income      | \$ _____                              | \$ _____            |                            |
|                         | \$ <u>25,260.88</u>                   | \$ <u>24,825.96</u> | \$ <u>50,086.84</u> ✓      |
|                         | <b>Total Income</b>                   | <b>Total Income</b> | <b>Total of all Income</b> |

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>Citizen's Bank</u> | Value \$ <u>26.47</u>   |
| Checking Account: | Institution <u>Citizen's Bank</u> | Value \$ <u>2300.04</u> |
| IRA:              | Institution _____                 | Value \$ _____          |
| CD:               | Institution _____                 | Value \$ _____          |
| Type _____        | Institution _____                 | Value \$ _____          |
| Type _____        | Institution _____                 | Value \$ _____          |

**Estimated yard sale value of furniture, jewelry, furs, antiques, etc** \$ 4,000

**Vehicles:**

|                       |                                  |                  |                        |                       |
|-----------------------|----------------------------------|------------------|------------------------|-----------------------|
| Car make <u>Chery</u> | Model <u>HHR</u>                 | Year <u>2010</u> | Mileage <u>122,698</u> | Value \$ <u>4,000</u> |
| Car make <u>Ford</u>  | Model <u>Explorer Sport Trac</u> | Year <u>2005</u> | Mileage <u>246,898</u> | Value \$ <u>4200</u>  |
| 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** \$ 14,526.51 ✓

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: Margaret P. B... Spouse's Signature: Dyann P. B... Date: 3/29/2021

Telephone number: 603-474-3878

(Office use only) Reviewed by [Signature] OK [Signature]