

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:

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	Calabrese	Anthony	
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	Calabrese	Tamara	J
	MAILING ADDRESS		
944 Lafayette Rd Unit 9			
CITY/TOWN		STATE	ZIP CODE
Seabrook		NH	03874
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED			
9 A St			

<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP #	BLOCK #	LOT #	
	7	90	9	
	<b>VETERANS' TAX CREDIT</b>			Granted/Denied Date
	<input type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$		
	<input type="checkbox"/> Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$		
<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"/> Review Discharge Papers (ei: Form DD214). Form #				
<input type="checkbox"/> Other Information				

<input type="checkbox"/> Total Exemption	<input type="checkbox"/> (a) Veteran	<b>VETERANS' EXEMPTION</b>		Granted	Denied	Date
		<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
<b>Asset Limits</b>			80 + years of age	\$ 200,000
Single	\$	\$ 250,000		
Married	\$	\$ 250,000		

<b>OTHER EXEMPTIONS</b>			Granted	Denied	Date
<input checked="" type="checkbox"/> Elderly Exemption	Amount \$	160,000	<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"/>	

<b>Elderly &amp; Disabled Tax Deferral</b>		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)

<b>STEP 3 COMMENTS/ NOTES</b>	Municipal Comments/Notes
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<b>STEP 4 SIGNATURES</b>	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](http://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 26 2021

OWNER AND APPLICANT INFORMATION

Town of Seabrook  
Assessor's Office

STEP 1  
OWNER AND APPLICANT NAME AND ADDRESS

OWNER

APPLICANT'S LAST NAME: Anthony + Tamara Jean Calabrese APPLICANT'S FIRST NAME: Anthony MI: J. PHONE NUMBER:

APPLICANT'S LAST NAME: Calabrese APPLICANT'S FIRST NAME: Tamara MI: J. PHONE NUMBER:

MAILING ADDRESS: 944 Lafayette Rd Unit 9

CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 9 Ast TAX MAP: 7 BLOCK: 90 LOT: 9

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

STEP 2  
VETERANS' TAX CREDITS AND EXEMPTION

VETERAN'S INFORMATION

1. APPLICANT IS THE:  Veteran  Spouse  Surviving Spouse

2. APPLYING FOR:

- Veterans' Tax Credit (RSA 72:26) 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

STEP 3  
EXEMPTIONS

STANDARD 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: 51052 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: Tamara J. Calabrese DATE: March 29 2021

SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature] DATE: 3/29/21

TAX MAP | BLOCK | LOT

2021  
E65

**REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS  
OPTIONAL ADJUSTED DISABLED 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 28 2021

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Anthony + Tamara Calabrese

Mailing address: 9 A ST. 944 Lafayette Rd #9, Seabrook

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: 1994

Date of birth: 3-10-52 Age: 69 Spouse's date of birth: 12-17-54 Age: 67

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>21,079.20</u>	\$ <u>10,663.20</u>	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>21,079.20</u>	\$ <u>10,663.20</u>	<u>31,742.40</u>
	<b>Total Income</b>	<b>Total Income</b>	<b>Total of all Income</b>

*[Handwritten signature]*

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)**

Savings Account:	Institution _____	Value \$ _____
Checking Account:	Institution <u>Granite state CU</u>	Value \$ <u>310.81</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type <u>Check</u>	Institution <u>Direct express</u>	Value \$ <u>1562.70.</u>
Type _____	Institution _____	Value \$ _____

**Estimated yard sale value of furniture, jewelry, furs, antiques, etc** \$ 5,000

**Vehicles:**

Car make <u>TOYOTA</u>	Model <u>Cavellia</u>	Year <u>2010</u>	Mileage <u>140,000</u>	Value \$ <u>3,000</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 _____	In town & State _____	Value \$ _____
Property type _____	In town & State _____	Value \$ _____

**Total of all assets** \$ 9,873.51 ✓

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: Tamara Catalise Spouse's Signature: [Signature] Date: 3/29/21

Telephone number: (603) 814-1159

(Office use only) Reviewed by GC [Signature]  
3/31/21