

**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 Moore	FIRST NAME Robert	INITIAL S.			
	PROPERTY OWNER'S LAST NAME Moore	FIRST NAME Jean	INITIAL S.			
	MAILING ADDRESS 9 Moore's Lane					
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874			
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 9 Moore's Lane					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 9		BLOCK # 41	LOT # 5		
	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"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Other Information _____		<input type="checkbox"/>	<input type="checkbox"/>	
	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 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
MAR - 4 2021
Town of Seabrook
Assessment Office

Eld.

OWNER AND APPLICANT INFORMATION

OWNER: Moore Family Trust

APPLICANT'S LAST NAME: Moore APPLICANT'S FIRST NAME: Robert MI: 5 PHONE NUMBER: []

APPLICANT'S LAST NAME: Moore APPLICANT'S FIRST NAME: Jean MI: 5 PHONE NUMBER: []

MAILING ADDRESS: 9 Moore's Lane

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 9 Moore's Lane TAX MAP: 9 BLOCK: 41 LOT: 5

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

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 72:28) 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: [] 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

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: 11-21-37 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: [Signature] DATE: 3-4-21

SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature] DATE: 3-4-21

Eld
E80

**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
FEB 25 2021
Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Robert and Jean Moore
 Mailing address: 9 Moores Lane
 Marital status: married: single: _____ Widow(er): _____
 Residence owned: solely: joint tenants: _____ w/other(s) _____ Trust: Life estate _____
 Number of years owned residence: 37 I have been a legal resident of NH since: 1937-38
 Date of birth: 11/21/37 Age: 83 Spouse's date of birth: 3/28/38 Age: 82
 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>24,762</u>	\$ <u>17,286</u>	
b. Pension & Retirement	\$ <u>4200.00</u>	\$ <u>4200.00</u>	
c. Wages:	\$ <u>0</u>	\$ <u>0</u>	
d. Rental Income:	\$ <u>0</u>	\$ <u>0</u>	
e. Other Income:	\$ <u>0</u>	\$ <u>0</u>	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>28,902</u>	\$ <u>21,486</u>	<u>50,388</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)

Savings Account:	Institution <u>Semco CU</u>	Value \$ <u>200.09</u>
Checking Account:	Institution <u>" "</u>	Value \$ <u>6,626.60</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type <u>icmar</u> ^S :	Institution <u>icmar retirement</u>	Value \$ <u>32,113.64</u>
Type <u>icmar</u> ^R :	Institution <u>icmar retirement</u>	Value \$ <u>76,893.39</u>

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

Vehicles:

Car make <u>lease</u>	Model _____	Year _____	Mileage _____	Value \$ <u>0</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 none

Property type <u>apt over garage</u>	In town & State <u>Seabrook</u>	Value \$ <u>17,000</u>
Property type _____	In town & State _____	Value \$ _____

Total of all assets \$ 137,833.72

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: Robert J. Moore Spouse's Signature: [Signature] Date: 2-12-2021

Telephone number: 603-474-3428

(Office use only) Reviewed by [Signature]
5/11/2021

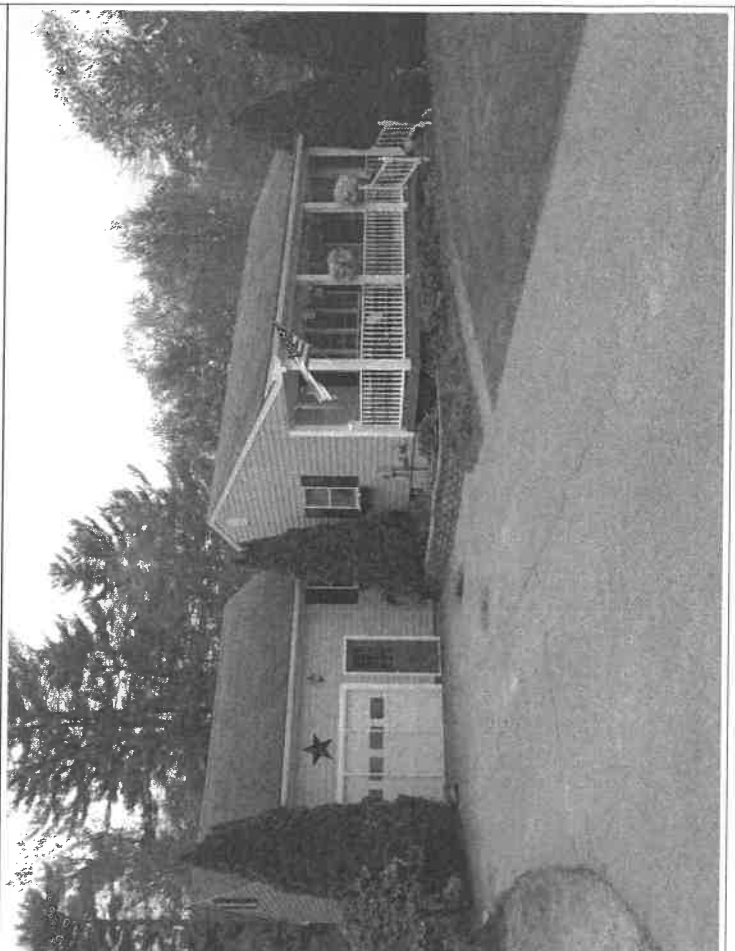
CONSTRUCTION DETAIL (CONTINUED)

Element	Cd	Description	Element	Cd	Description
Style:	01	Ranch			
Model:	01	Residential			
Grade:	03	Average			
Stories:	1	1 Story			
Occupancy:	2	Wood Shingle			
Exterior Wall 1	14				
Exterior Wall 2					
Roof Structure:	03	Gable/Hip			
Roof Cover:	03	Asph/F Gls/Cmp			
Interior Wall 1	05	Drywall/Sheet			
Interior Wall 2					
Interior Fir 1	14	Carpet			
Interior Fir 2					
Heat Fuel:	02	Oil			
Heat Type:	05	Hot Water			
AC Type:	01	None			
Total Bedrooms:	03	3 Bedrooms			
Total Bathrms:	2				
Total Half Fixtrs:	0				
Total Rooms:	6	6 Rooms			
Bath Style:	02	Average			
Kitchen Style:	02	Average			
Location:					
MHP					

CONDO DATA		CONDO DATA	
Parcel Id	C	B	S
Adjust Type	Code	Description	Factor%
Condo Fir			
Condo Unit			
COST / MARKET VALUATION			
Building Value New		155,922	
Year Built		1998	
Effective Year Built		2004	
Depreciation Code		A	
Remodel Rating			
Year Remodeled		12	
Depreciation %		0	
Functional Obsol		0	
External Obsol		0	
Trend Factor		1.000	
Condition			
Condition %		88	
Percent Good		137,200	
Cns Sect Rcnld			
Dep % Ovr			
Dep Ovr Comment			
Misc Imp Ovr			
Misc Imp Ovr Comment			
Cost to Cure Ovr			
Cost to Cure Ovr Comment			

OB - OUTBUILDING & YARD ITEMS(L) / XF - BUILDING EXTRA FEATURES(B)									
Code	Description	L/B	Units	Unit Price	Yr Bld	Cond. Cd	% Gd	Grade	Appr. Value
SHD2	Shed w Elec.	L	480	18.00	2000		50	0.00	4,300
SPL4	AG Pool Roun	L	18	130.00	2000		50	0.00	1,200
KITH	Kitchen	B	1	1800.00	2004		88	0.00	1,600

BUILDING SUB-AREA SUMMARY SECTION						
Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Undeprec Value
BAS	First Floor	992	992	992	92.87	92,123
EAF	Attic, Expansion, Finished	202	576	202	32.57	18,759
FGR	Garage, Framed	0	576	202	32.57	18,759
FOP	Porch, Open, Finished	0	132	26	18.29	2,415
FSP	Porch, Screen, Finished	0	160	40	23.22	3,715
UBM	Basement, Unfinished	0	992	198	18.54	18,387
WDK	Deck, Wood	0	192	19	9.19	1,764
Ttl Gross Liv / Lease Area		1,194	3,620	1,679		155,922



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

APR 1 2021

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: Moore Family Trust
APPLICANT'S LAST NAME: moore, APPLICANT'S FIRST NAME: Robert
APPLICANT'S LAST NAME: Moore, APPLICANT'S FIRST NAME: Jean
MAILING ADDRESS: 9 Moore's Lane
CITY/TOWN: Seabrook, STATE: NH, ZIP CODE: 03874
PROPERTY ADDRESS: 9 Moore's Lane

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.

Legal Name of Trust (if different than above): Moore Family Trust

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.

Signature and Date section for James Moore and Robert S. Moore. Includes telephone number 603-474-3428.

Table with 2 columns: WHO MUST FILE and WHEN TO FILE. Contains instructions for filing the form with property tax applications.