

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:

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	Lamothe		Sharon		M	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS					
	180 Walton Rd					
CITY/TOWN		STATE	ZIP CODE			
Seabrook		NH	03874			
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED						
180 Walton Road						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 14		BLOCK # 5		LOT #	
	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"/>	
<input type="checkbox"/>			<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	
APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS						
Income Limits		Disabled Exemption		Elderly Exemption		
Single	\$		\$	38,000		
Married	\$		\$	58,000		
Asset Limits				Elderly Exemption Per Age Category		
Single	\$		\$	250,000		
Married	\$		\$	250,000		
				65 - 74 years of age	\$ 160,000	
				75 - 79 years of age	\$ 170,000	
				80 + years of age	\$ 200,000	
OTHER EXEMPTIONS						
<u>Granted</u> <u>Denied</u> <u>Date</u>						
<input checked="" type="checkbox"/>	Elderly Exemption		Amount \$	160,000	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Disabled Exemption		Amount \$	_____	<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist the Deaf		Amount \$	_____	<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities		Amount \$	_____	<input type="checkbox"/>	
<input type="checkbox"/>	Blind Exemption		Amount \$	_____	<input type="checkbox"/>	
<input type="checkbox"/>	Deaf Exemption		Amount \$	_____	<input type="checkbox"/>	
<input type="checkbox"/>	Solar Energy Systems Exemption		Amount \$	_____	<input type="checkbox"/>	
<input type="checkbox"/>	Woodheating Energy Systems Exemption		Amount \$	_____	<input type="checkbox"/>	
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption		Amount \$	_____	<input type="checkbox"/>	
Elderly & Disabled Tax Deferral						
<input type="checkbox"/>	Elderly and Disabled Tax Deferral		Amount \$	_____	<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

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

APR - 8 2021

Town of Seabrook
Assessor's Office

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

E65

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

APPLICANT'S LAST NAME: Sharon M. Lamothe
APPLICANT'S FIRST NAME: Sharon
MI: M
PHONE NUMBER: []

APPLICANT'S LAST NAME: Lamothe
APPLICANT'S FIRST NAME: Sharon
MI: M
PHONE NUMBER: []

MAILING ADDRESS: 180 Walter Rd
CITY/TOWN: Seabrook
STATE: NH
ZIPCODE: 03874
PROPERTY ADDRESS: 180 Walter Rd
TAX MAP: 19
BLOCK: 5
LOT: []

IS THIS YOUR PRIMARY RESIDENCE? YES NO

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
 YES NO []

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: 10-22-54 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)
 Deaf Exemption (RSA 72:38-b)
 Disabled Exemption (RSA 72:37-b)
 Electric Energy Storage Systems Exemption (RSA 72:85)
 Solar Energy Systems Exemption (RSA 72:62)
 Wind-Powered Energy Systems Exemption (RSA 72:66)
 Woodheating Energy Systems Exemption (RSA 72:70)

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: Sharon M Lamothe
Date: 4-6-21

Signature (in ink) of Property Owner: []
Date: []

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP 14 BLOCK 5 LOT AMOUNT GRANTED DENIED DATE

<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s) <u> </u>				
<input type="checkbox"/> Other Information <u> </u>				

VETERANS' EXEMPTION

Certain Disabled Veterans' Exemption Veteran Surviving Spouse GRANTED DENIED

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single	<u> </u>	<u> </u>	<u> </u>	65-74 years of age	<u> </u>
Married	<u> </u>	<u> </u>	<u> </u>	75-79 years of age	<u> </u>
Asset Limits				80+ years of age	<u> </u>
Single	<u> </u>	<u> </u>	<u> </u>		
Married	<u> </u>	<u> </u>	<u> </u>		

STANDARD and LOCAL OPTIONAL EXEMPTIONS (If adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	<u>160,000</u>	<input checked="" type="radio"/>	<input type="radio"/>	<u> </u>
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	<u> </u>	<input type="radio"/>	<input type="radio"/>	<u> </u>
<input type="checkbox"/> Blind Exemption	<u> </u>	<input type="radio"/>	<input type="radio"/>	<u> </u>
<input type="checkbox"/> Deaf Exemption	<u> </u>	<input type="radio"/>	<input type="radio"/>	<u> </u>
<input type="checkbox"/> Disabled Exemption	<u> </u>	<input type="radio"/>	<input type="radio"/>	<u> </u>
<input type="checkbox"/> Electric Energy Storage Systems Exemption	<u> </u>	<input type="radio"/>	<input type="radio"/>	<u> </u>
<input type="checkbox"/> Solar Energy Systems Exemption	<u> </u>	<input type="radio"/>	<input type="radio"/>	<u> </u>
<input type="checkbox"/> Woodheating Energy Systems Exemption	<u> </u>	<input type="radio"/>	<input type="radio"/>	<u> </u>
<input type="checkbox"/> Wind-powered Energy Systems Exemption	<u> </u>	<input type="radio"/>	<input type="radio"/>	<u> </u>

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

- * List of assets, value of each asset, net encumbrance and net value of each asset.
- * Statement of applicant and spouse's income.
- * Federal Income Tax Form.
- * State Interest and Dividends Tax Form.
- * Property Tax Inventory Form filed in any other town.

* Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.

Municipal Notes

refile due to death of husband of NOT LATE WAS WAITING ON A DOC.

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <u>Ella Braun, Chairman</u>	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <u>Ella Braun</u>	DATE <u> </u>
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <u>Abdul B Khan</u>	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <u>Abdul B Khan</u>	DATE <u> </u>
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <u>Theresa Kyril</u>	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <u>Theresa Kyril</u>	DATE <u> </u>
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE

**REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS
OPTIONAL ADJUSTED ELDERLY EXEMPTION
FOR THE TOWN OF SEABROOK, NH**

RECEIVED

APR - 6 2021

Town of Seabrook
Assessor's Office

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): Sharon marie Lamothe

Mailing address: 180 WALTON RD

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

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

Number of years owned residence: 36 I have been a legal resident of NH since: 1954

Date of birth: 10-22-54 Age: 66 Spouse's date of birth: _____ Age: _____

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>15,991.20</u>	\$ _____	
b. Pension & Retirement	\$ <u>6,384.60</u>	\$ _____	
c. Wages:	\$ <u>Bailey + Bright house life insur.</u>	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>22,375.80</u>	\$ _____	<u>22,375.80</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>Santander</u>	Value \$ <u>30,87.</u>
Checking Account:	Institution <u>SANTANDER</u>	Value \$ <u>5287.61.</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2500.

Vehicles:

Car make HYUNDAI Model ACCENT Year 2008 Mileage 110046 Value \$ 3,000

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 \$ 10,818.48 ✓

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 o this information.

Applicant's Signature: Sharon Lameth spouse's Signature: _____ Date: 4-6-21

Telephone number: 603.760-2286 (Office use only) Reviewed by GC. [Signature] 2/21

