

**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 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>BELLMER</b>	FIRST NAME <b>DARLENE</b>	INITIAL
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS <b>P O BOX 1056</b>		
	CITY/TOWN <b>SEABROOK</b>	STATE <b>NH</b>	ZIP CODE <b>03874</b>
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED <b>452 NEW ZEALAND RD</b>		

<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>1</b>	BLOCK # <b>13</b>	LOT # <b>1</b>	
	<b>VETERANS' TAX CREDIT</b>			<u>Granted</u> / <u>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

APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS				
Income Limits	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 type="checkbox"/> <input type="checkbox"/> <u>07/12/21</u>
<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 \$ _____

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 <b>NEW FOR 2021</b>
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<b>STEP 4 SIGNATURES</b>	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date
	<b>Ella Brown, Chairman</b>		
	<b>About B. Khan</b>		
	<b>Theresa Kyle</b>		

**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 OWNERS NAME

PROPERTY OWNERS NAME

TAX MAP/BL/OCK/LOT

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Eld.

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER  Assessor's Office?  YES  NO

APPLICANT'S LAST NAME: Darlene Belmer APPLICANT'S FIRST NAME: Darlene MI:    PHONE NUMBER:   

APPLICANT'S LAST NAME: Belmer APPLICANT'S FIRST NAME: Darlene MI:    PHONE NUMBER:   

MAILING ADDRESS: P.O. Box 1056

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

PROPERTY ADDRESS: 452 New Zealand Rd TAX MAP: 1 BLOCK: 13 LOT: 1

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

Town of Seabrook  
Assessor's Office

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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: 3-24-56 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.

Darlene Belmer SIGNATURE (IN INK) OF PROPERTY OWNER 6/3/2021 DATE

\_\_\_\_\_  
SIGNATURE (IN INK) OF PROPERTY OWNER \_\_\_\_\_ DATE

E65

**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.

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Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Darlene Belmer

Mailing address: P.O. Box 1056 Seabrook, N.H. 03874  
452 New Zealand Rd.

Marital status: married: \_\_\_\_\_ single: X Widow(er): \_\_\_\_\_

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

Number of years owned residence: 17 I have been a legal resident of NH since: 2004

Date of birth: 03/24/1956 Age: 65 Spouse's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Do you own real estate other than your occupied NH residence? yes (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>16,531.20</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ <u>8347.</u>	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ <u>31.</u>	\$ _____	
	\$ <u>24,909.00</u>	\$ _____	\$ <u>24,909.00</u> ✓ <u>af</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>Granit State Credit Union</u>	Value \$	<u>360.79</u>
Checking Account:	Institution <u>Granit State</u>	Value \$	<u>895.92</u>
IRA:	Institution _____	Value \$	_____
CD:	Institution _____	Value \$	_____
Type <u>Savings</u>	Institution <u>Memiacic Valley CU</u>	Value \$	<u>27.15</u>
Type <u>check</u>	Institution <u>" "</u>	Value \$	<u>608.75</u>

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

Vehicles:

Car make <u>Chevy</u>	Model <u>Cruze</u>	Year <u>2014</u>	Mileage <u>89,043</u>	Value \$ <u>4000.00-5000.00</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 452 New Zealand in town & State Seabrook, NH Value \$ 24,000 ±

Property type \_\_\_\_\_ in town & State \_\_\_\_\_ Value \$ \_\_\_\_\_

Total of all assets \$ 35,890.00 ✓ at

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: [Signature] Spouse's Signature: \_\_\_\_\_ Date: 6-3-21

Telephone number: (603) 918-6065 (Office use only) Reviewed by GC [Signature]

6/4/21

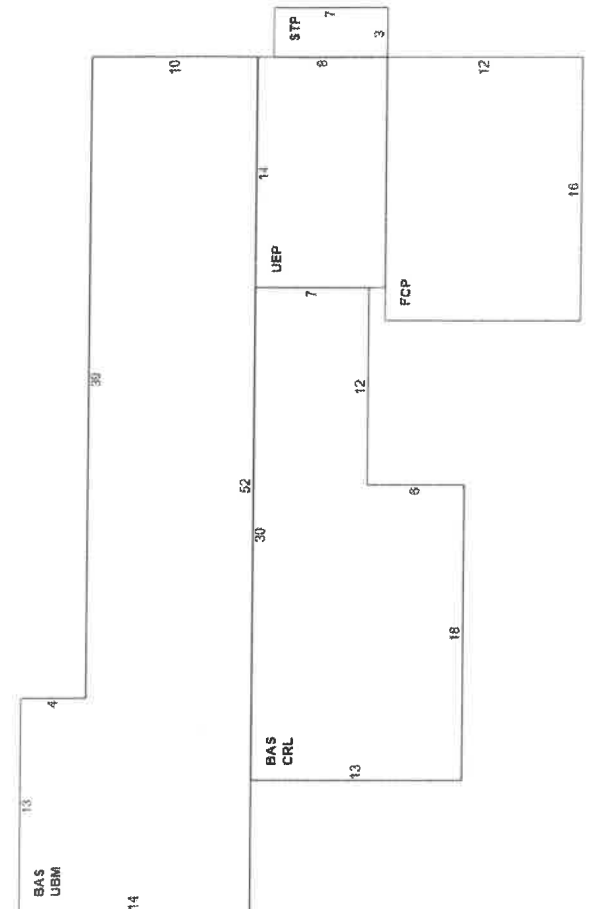
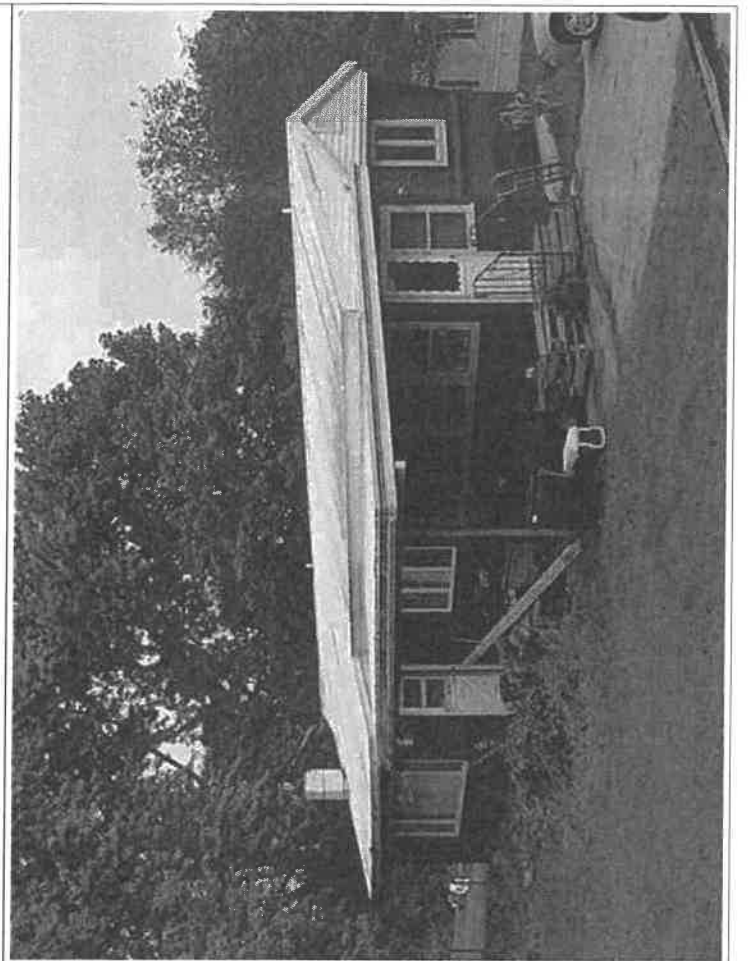


Element	Cd	Description	Element	Cd	Description
Style:	20	Manufact Hm SW			
Model:	02	Manufact Home			
Grade:	03	Average			
Stories:	1	1 Story			
Occupancy:	1	Pre-finish Metl			
Exterior Wall 1	27				
Exterior Wall 2					
Roof Structure:	03	Gable/Hip			
Roof Cover:	01	Metal/Tin			
Interior Wall 1	02	Wall Brd/Wood			
Interior Wall 2					
Interior Fir 1	14	Carpet			
Interior Fir 2					
Heat Fuel:	03	Gas			
Heat Type:	04	Forced Air-Duc			
AC Type:	01	None			
Total Bedrooms:	02	2 Bedrooms			
Total Bathrms:	1				
Total Half Baths:	0				
Total Xtra Fixtrs:	4				
Total Rooms:	01	4 Rooms			
Bath Style:	01	Old Style			
Kitchen Style:	01	Below Avg			
Location:	0				
MHP:	20	Own Land			

CONSTRUCTION DETAIL (CONTINUED)	
Element	Description
Parcel Id	C
Adjust Type	Code
Condo Flr	Description
Condo Unit	Factor%
<b>COST / MARKET VALUATION</b>	
Building Value New	78,027
Year Built	1963
Effective Year Built	1933
Depreciation Code	F
Remodel Rating	70
Depreciation %	0
Functional Obsol	0
External Obsol	0
Trend Factor	1
Condition	
Condition %	30
Percent Good	23,400
Cns Sect Rcnld	
Dep % Ovr	
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 Blt	Cond: Cd	% Gd	Grade	Grade Adj.	Appr. Value
HRTH	Hearth	B	1	1000.00	1933		30		0.00	300

BUILDING SUB-AREA SUMMARY SECTION								
Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Undeprec Value		
BAS	First Floor	890	890	890	71.06	63,246		
CRL	Crawl Space	0	318	0	0.00	0		
FCP	Carport	0	192	38	14.06	2,700		
STP	Stoop	0	21	0	0.00	0		
UBM	Basement, Unfinished	0	572	114	14.16	8,101		
UEP	Porch, Enclosed, Unfinished	0	112	56	35.53	3,980		
Ttl Gross Liv / Lease Area					890	2,105	1,098	78,027



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Town of Seabrook  
Assessor's Office

6/03/2021

To Whom it may Concern,

Please forgive me for applying late AS I have never applied for help and did not know there was a deadline.

Wasn't sure how to answer question 3 but sent all information I have.

If I am missing anything please feel free to call anytime (603) 918-6065

Thank you for your time & consideration.

Sincerely,  
Darlene Bolmer