

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		FIRST NAME		INITIAL		
	ELO POOLED SPECIAL NEEDS TRUST						
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL		
	Trabucco		Alexander				
	MAILING ADDRESS						
3 Executive Park Drive STE 269							
CITY/TOWN		STATE		ZIP CODE			
Bedford		NH		03110			
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED							
19 A St							
STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	CITY/TOWN TAX MAP # 7		BLOCK # 90		LOT # 19		
	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"/>		
APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS							
Income Limits		Disabled Exemption		Elderly Exemption		Elderly Exemption Per Age Category	
Single		\$ 44,000		\$		65 - 74 years of age \$ 192,000	
Married		\$ 67,000		\$		75 - 79 years of age \$ 204,000	
Asset Limits						80 + years of age \$ 240,000	
Single		\$ 250,000		\$			
Married		\$ 250,000		\$			
OTHER EXEMPTIONS							
				<u>Granted</u> <u>Denied</u> <u>Date</u>			
<input type="checkbox"/>	Elderly Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	Disabled Exemption	Amount \$ 192,000		<input checked="" 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		
	Srinivasan Ravikumar, Chairman						
	Theresa Kyle						
	Harold Eaton						
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

APR 3 2023

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER AND APPLICANT NAME AND ADDRESS

OWNER: ELO DOOLEY
APPLICANT'S LAST NAME: ENHANCED SPECIAL NEEDS TRUST
APPLICANT'S FIRST NAME: ALEXANDER
CITY/TOWN: BEDFORD
STATE: NH
ZIP CODE: 03110
PROPERTY ADDRESS: 19 # ST.
TAX MAP: 7
BLOCK: 90
LOT: 19

Town of Seabrook Assessor's Office
If required, is a PA-33 on file? YES NO

PROPERTY OWNER NAME

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)
3. Veteran's Name:
4. Date of Entry:
5. Date of Discharge/Release (if applicable):
6. Name of Allied Country Served in:
7. Branch of Service:
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)
11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)
12. Blind Exemption (RSA 72:37)

LOCAL OPTIONAL EXEMPTIONS (if adopted by city/town)

13. Deaf Exemption (RSA 72:38-b) Electric Energy Storage Systems Exemption (RSA 72:85)
Disabled Exemption (RSA 72:37-b) Wind-Powered Energy Systems Exemption (RSA 72:66)
Solar Energy Systems Exemption (RSA 72:62) Woodheating Energy Systems Exemption (RSA 72:70)
Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)
14. 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 4
RESIDENCY

STEP 5
OWNERSHIP

15. 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: ED Trustee
DATE: 5-5-23

TAX MAP | BLOCK | LOT

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

RECEIVED

APR - 3 2023

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): Enhanced Life Options Group Pooled Special Needs Trust,
 Mailing address: 3 Executive Park Drive Suite #269 Bedford NH 19 A St. 03110 Filb/Alexander Trabucio
 Marital status: married: _____ single: _____ Widow(er): _____ n/a
 Residence owned: solely: _____ joint tenants: _____ w/other(s) _____ Trust: Life estate _____
 Number of years owned residence: 2020 I have been a legal resident of NH since: 2015 - Hampton before ✓ ok
 Date of birth: 6/4/2005 Age: 17 Spouse's date of birth: _____ Age: _____ n/a
 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

	Alexander Trabucio Applicant	Beneficiary	Applicant's Spouse	Guardian Kimie Smotherman grandma
a. Social Security:	\$ <u>0</u>	\$ <u>7116.00</u>	\$ <u>5093-</u>	
b. Pension & Retirement	\$ <u>0</u>		\$ <u>0</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>0</u>		\$ <u>0</u>	
	\$ <u>0</u>	\$ <u>7116.00</u>	\$ <u>5093-</u>	\$ <u>7116.00</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 X Multi-family _____

b. If multi-family, in which unit do you reside? n/a 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>Capital One</u>	Value \$ <u>106.74</u>
IRA: <u>IRA</u>	Institution <u>Bank of NH</u>	Value \$ <u>76,502.45</u>
CD: <u>CD</u>	Institution <u>✓</u>	Value \$ <u>1,630.44</u>
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2,000 -⁺

Vehicles:

Car make <u>Honda</u>	Model <u>Pilot</u>	Year <u>2013</u>	Mileage <u>226,958</u>	Value \$ <u>3,000 -</u>
Car make <u>none</u>	Model _____	Year _____	Mileage _____	Value \$ _____
Boat make <u>none</u>	Model _____	Year _____	Mileage _____	Value \$ _____
RV make <u>none</u>	Model _____	Year _____	Mileage _____	Value \$ _____

Real Estate: Other than your occupied NH Residence

Property type <u>None</u>	In town & State _____	Value \$ _____
Property type <u>None</u>	In town & State _____	Value \$ _____

Total of all assets \$ 83,234.00 ✓

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: Jim Hamberg Spouse's Signature: ED Enhanced Life Options Trustee Date: 3-31-23

Telephone number: 603-472-2543 (Office use only) Reviewed by [Signature]