

**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>Fisher</b>		FIRST NAME <b>Karen</b>	INITIAL <b>C</b>				
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL				
	MAILING ADDRESS <b>3 Woodland Ave</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>30 Woodland Ave</b>							
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>g</b>		BLOCK #	LOT # <b>20</b>				
	<b>VETERANS' TAX CREDIT</b>							
	<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 _____						
	<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	<input type="checkbox"/>	<input type="checkbox"/>	
<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>								
<b>Income Limits</b>	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category					
Single	\$ _____	\$ <b>44,000</b>	65 - 74 years of age	\$	<b>192,000</b>			
Married	\$ _____	\$ <b>67,000</b>	75 - 79 years of age	\$	<b>204,000</b>			
<b>Asset Limits</b>			80 + years of age	\$	<b>240,000</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>192,000</b>	<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>								
<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 <b>following</b> 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>STEP 4 SIGNATURES</b>	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink			Date		
	<b>Srinivasan Ravikumar, Chairman</b>							
	<b>Theresa Kyle</b>							
	<b>Harold Eaton</b>							
<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1st</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .							

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

Ed.

RECEIVED

APR - 1 2023

FORM PA-29

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

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION			
	OWNER		If required, is a PA-33 on file?	
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
	Fisher		Karen	
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
	MI		PHONE NUMBER	
	C			
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
	MI		PHONE NUMBER	
MAILING ADDRESS				
3 Woodland Ave				
CITY/TOWN		STATE	ZIP CODE	
Scabrook		NH	03874	
PROPERTY ADDRESS		TAX MAP	BLOCK	
3 Woodland Ave		9		
		LOT		
			20	
IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO				
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION			
	1. APPLICANT IS THE:		2. APPLYING FOR:	
	<input type="radio"/> Veteran		<input checked="" type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)	
	<input type="radio"/> Spouse		<input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)	
	<input type="radio"/> Surviving Spouse		<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)	
			<input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")	
			<input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500)	
			<input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)	
	3. Veteran's Name		Dates of Military Service Enter (MMDDYYYY)	4. Date of Entry
				02/15/09
			5. Date of Discharge/Release (if applicable)	
			06/20/09	
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?		8. Please Check One.		
YES NO If YES, provide name		<input type="radio"/> US Citizen at time of entry into Service		
<input type="radio"/> <input type="radio"/> <input type="text"/>		<input type="radio"/> Alien but resident of NH at time of entry into Service		
STEP 3 EXEMPTIONS	STANDARD EXEMPTIONS			
	10. <input checked="" type="checkbox"/> 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	10b. Spouse's Date of Birth
			8-18-54	
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)			
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)			
	LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)			
	13. <input type="checkbox"/> Deaf Exemption (RSA 72:38-b)		<input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85)	
	<input type="checkbox"/> Disabled Exemption (RSA 72:37-b)		<input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)	
	<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)		<input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)				
STEP 4 RESIDENCY	14. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)			
	<input checked="" type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed			
	<input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)			
STEP 5 OWNERSHIP	15. Do you own 100% interest in this residence? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <input type="text"/>			
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		DATE	
	Karen Fisher		4.06.2023	
SIGNATURE (IN INK) OF PROPERTY OWNER		DATE		

FES OK License Dater

Ed. 09.

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

**RECEIVED**

APR - 6 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): Karen C. Fisher  
Mailing address: 3 Woodland Avenue, Seabrook, NH 03874

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

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

Number of years owned residence: 1 year I have been a legal resident of NH since: 1991

Date of birth: 08/18/1956 Age: 66 Spouse's date of birth: 4/17 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>23,457.20</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ <u>1 DIV.</u>	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>23,457.20</u>	\$ _____	
	<b>Total Income</b>	<b>Total Income</b>	\$ <u>23,457.20</u> ✓ align="center"> <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 \_\_\_\_\_ Value \$ \_\_\_\_\_

Checking Account: Institution CITIZEN'S BANK Value \$ 4,342

IRA: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

CD: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Type 1 Share Institution Westinghous AirBRICK CO Value \$ 99.38

Type \_\_\_\_\_ Institution \_\_\_\_\_ Value \$ \_\_\_\_\_

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 1,000

Vehicles:

Car make VW Model Beetle Year 2005 Mileage 98K Value \$ 2,500

Car make BUICK Model ParkAve Year 2005 Mileage 140K Value \$ 2,000

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 \$ 9,941.38

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: Karen C. Fischer Spouse's Signature: \_\_\_\_\_ Date: April 6, 2023

Telephone number: (603) 614-8672 (Office use only) Reviewed by AS. [Signature]