FORM PA-35

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:

Orodibbo	lerraris ciairiled.						
STEP 1 NAME	PROPERTY OWNER Hubert	R'S LAST NAME		FIRST NAME Anna		INITIAL R	
AND	PROPERTY OWNER	R'S LAST NAME		FIRST NAME		INITIAL	
ADDRES	s						
	MAILING ADDRESS	D 1					
	279 Walton	Road			STATE	ZIP COL	\
	Seabrook			N		03874)E
		SS FOR WHICH EXEMPTION/CREDIT.	DEFERRAL I				
	279 Walton						
STEP 2	CITY/TOWN TAX MAP # 13 BLOCK # 46				LOT#3		
EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	Veterans' Tax Credit \$50 minimum (to \$500) Service Connected Total & Permanent Disability \$700 minimum to \$2000 Amount \$ Surviving Spouse/CU Partner of Veteran Who Was Amount \$ Killed or Who Died on Active Duty \$700 minimum (to \$2000) Review Discharge Papers (ei: Form DD214), Form # Other Information						
				VETERANS' E	XEMPTION	Granted Denie	d Date
	Total Exem	ption (a) Ve	eteran	(b) Survivi	ng Spouse/CU Partner		
		APPLICABLE ELDERI	Y AND DI	SABLED EXEMPTION	ON (OPTIONAL) INCOME	AND ASSET L	IMITS
	Income Limits	Disabled Exemption	Elde	rly Exemption	Elderly Exemp	tion Per Age Ca	tegory
	Single	\$	\$	44,000	65 - 74 years of age	\$	192,000
	Married	\$	\$	67,000	75 - 79 years of age	\$	
	Asset Limits			67,000	80 + years of age	S	204,000
			0		00 7 years or age	1 4	240,000
	Single	\$	\$	250,000			
	Married	\$	\$	250,000			
			OTHER E	XEMPTIONS		<u> Branted</u> <u>Denied</u>	<u>Date</u>
	Elderly Exe Disabled Ex			Amount \$	240,000	✓	
	Improven						
	Blind Exe				·		
	Deaf Exer	news lat	2				
	Solar Ene	new lat	- bis	7			
	Woodheat	FILL	.,, .,				.
	Wind-Pow	1 1	10 HC				
	Elderly & Disal	nas	U			Granted De	enied
	Elderly and	to selc	ctmo	1 .			
	For Deferrals: T	CONLA			or denial on or before Jul	, LJ L	
	1st following th	cca			SA 72:34,IV)		
TEP 3 OM- IENTS/ OTES		4/24/23			es		
TEP 4	Selectm				lectmen/Assessor(s) in	ı ink	Date
GNA-	Theresa Kyle,						
TURES	Srinivasan Rav						
	Harold Eaton				-		
	Harolu Eatoff						
PPEAL	If an application	for a property tax exemption of	or tax cred	it is denied, an appli	cant may appeal in writing	on or before S	eptember 1s
ROCE- URE	Court. Example: Forms for appeal	e of notice of tax under RSA 7 If you were denied an exemping to the BTLA may be obtain calling (603) 271-2578. Be su	tion from y ed from th	/our 2013 property ta e NH BTLA, 107 Ple	axes, you have until Septer asant Street, Concord, NH	mber 1, 2014, to	anneal

	MED								
FORM PA-29	NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS								
-	DUE DATE APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS DUE DATE APPLICANT INFORMATION OWNER AND APPLICANT INFORMATION								
STEP 1 OWNER	OWNER AND APPLICANT INFORMATION OWNER AND APPLICANT INFORMATION								
AND	OWNER Anna Hubert + Dawn Leignton Ores ONE 5501'S	Ĭ							
APPLICANT NAME	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER								
AND ADDRESS	0.0000	PR							
	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER	OPER							
	MAILING ADDRESS	TYO							
	a 79 walten 12d	PROPERTY OWNER							
	CITY/TOWN STATE ZIP CODE	RNAME							
	7011	E							
	PROPERTY ADDRESS TAX MAP BLOCK LOT 279 Walten Rd 13 96 3								
	IS THIS YOUR PRIMARY RESIDENCE? (TYES () NO								
	VETERAN'S INFORMATION								
STEP 2	1. APPLICANT IS THE: 2. APPLYING FOR:								
VETERANS' TAX CREDITS	Veteran Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)								
AND EXEMPTION	Spouse All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)								
EXEMITION	Surviving Spouse 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 applicable)	PR(
	3. Veteran's Name Dates of Military Service Enter (MMDDYYYY) 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.								
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)								
	6. Name of Allied Country Served in 7. Branch of Service								
	NAME OF THE PARTY								
	9. Does any other eligible Veteran own interest in this property? 8. Please Check One. YES NO If YES, provide name US Citizen at time of entry into Service								
	Alien but resident of NH at time of entry into Service								
	STANDARD EXEMPTIONS								
STEP 3	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)								
EXEMPTIONS	(Enter numbers only MMDDYYYY) 10a, Applicant's Date of Birth 10b, Spouse's Date of Birth	N							
	11. Improvements to Assist Persons with Disabilities (RSA 72 37-a)								
	12. Blind Exemption (RSA 72:37)	IV.							
	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)								
		TAX							
STEP 4 RESIDENCY	14. NH Desident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)	MAP							
RESIDENCE	NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed	BLO							
	NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)	TAX MAP BLOCK LOT							
STEP 5 OWNERSHIP	15. Do you own 100% interest in this residence? Ores ONo If NO, what percent (%) do you own?	OT							
STEP 6	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								
SIGNATURES	and complete. B-W Lut								
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE								
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE								

APR 24 2023 Town of Seabrook To The Selectmen of Seabrook Town Hall, I, Cinna Hubery am asking you to please accept my application for a discount on my property takes even though it is a but late The reason it is late is that through a tragedy in the past 2 morters of my Grandson! My dalighter would be to olganize and submit the needed paperwork as am 91 and its difficult for me. Medless to say we both are greeding and many things have slipped our minds as soon as she realized she gudlined the paperwork. Please accept the application bes the discount will be a great help to my finances. Thank you.

REGEIVED

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.

1) Personal Information	n		APR 2 4 2023		
Applicant's name(s):	ANNA R HUL	BERT	Turn of Seabrook		
Mailing address:	279 WALTON R.	۵	Assessor's Office		
Marital status: married: single: Widow(er):					
Residence owned: solely: joint tenants: w/other(s) Trust: Life estate					
Number of years owned	residence: 50 I ha	ve been a legal resident of NH sinc	e: 50 yrs 1973		
Date of birth: 12/22/	3/ Age: 9/ Spouse's	date of birth: Age:_			
, ,		ence?(If yes, please			
2) Income Information (y	yearly amount from last year)				
VERIFICATION OF ALL THE FOLLOWING MUST BE SUBMITTED					
	Applicant	Applicant's Spouse			
a. Social Security:	5_4835,20 \$_34.956. shioyard	\$			
b. Pension & Retirement	\$ 34.956. shioyard	\$			
c. Wages:	\$	\$			
d. Rental income:	\$	\$			
e. Other income:	\$	\$			
. Interest Income	s 36-	\$	/		
	5_ 39,817.201		39.817.20 PV		
	Total Income	Total Income	Total of all Income		
re you required to file an interest and dividends tax return to the State of New Hampshire? (If yes, please rovide a copy of your return)					
re you required to file an IRS tax return? $\underline{4ES}$ (If yes, please provide a copy of your most recent federal					
re you required to file an iks tax return? (ii yes, please provide a copy of your most recent regeral					

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, t cars, etc.)	onds, IRA's, annuities, travel trailers, RV's, boats, antiques,					
YOU MUST SUBMIT VERIFICATION OF THESE AMOUNTS (CURRENT STATEMENTS WITH BALANCES)						
Savings Account: Institution TD BAN	Value \$\langle 23 \langle 661 77 \ Passbook					
Checking Account: Institution TD BAN						
IRA: Institution	Value \$					
CD: Institution	Value \$					
Type Institution	Value \$					
Type Institution	Value \$					
Estimated <u>yard sale value</u> of furniture, jewe	ry, furs, antiques, etc \$ /000					
Vehicles: Car make Model Year	Mileage Value \$					
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						
Property type in town& State	Value \$					
Property type In town& State	Total of all assets \$ 184, <u>664.27</u>					
I swear under penalty of perjury, that all the above is correct and acc knowledge. I further authorize any agency or financial institution to r agent of the Town of Seabrook Assessor's Office. I release all persons	urate accounting of my financial condition to the best of my elease information about me or copies of my records to any whomsoever from any liability resulting from the release o this					
Applicant's Signature: Nu K Huter Spouse's S	gnature:					
Telephone number: 603-819-6975 (Office use only) Reviewed by m + +694						