

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>Heywood</b>	FIRST NAME <b>Patricia</b>	INITIAL <b>J</b>						
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL						
	MAILING ADDRESS <b>238 South Main Street</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>238 South Main Street</b>								
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>16</b>		BLOCK # <b>97</b>	LOT # <b>1</b>					
	<b>VETERANS' TAX CREDIT</b>			Granted/Denied Date					
	<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>			Granted Denied Date					
	<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	<b>Elderly Exemption Per Age Category</b>					
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>									
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$	<b>204,000</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date			
<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>									
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	Date			
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 COM- MENTS/ NOTES</b>	Municipal Comments/Notes								
<b>STEP 4 SIGNA- TURES</b>	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink			Date			
	, Chairman								
	, Co-Chairman								
	, Clerk								
<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

Eld.

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

MAY 22 2004

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER

Patricia Heywood

If required, is a PA-33 on file?  YES  NO

APPLICANT'S LAST NAME: Heywood APPLICANT'S FIRST NAME: Patricia MI: J. PHONE NUMBER: Seabrook

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

MAILING ADDRESS: 238 South main st

CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 238 Sath main st. TAX MAP: 16 BLOCK: 97 LOT: 1

IS THIS YOUR PRIMARY RESIDENCE?  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)
- 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: 10-22-49 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.

Signature (in ink) of Property Owner: Patricia Heywood DATE: 1-22-04

Signature (in ink) of Property Owner: DATE:

TAX MAP | BLOCK | LOT

Eld  
E75

2025  
E80

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

**RECEIVED**

12/17/2024

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): PATRICIA HEYWOOD

Mailing address: 238 SOUTH MAIN ST SEABROOK NH 03874

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

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

Number of years owned residence: 24 I have been a legal resident of NH since: 1999

Date of birth: 10/22/44 Age: 79 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>23,523.80</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ <u>9,161.34</u>	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>32,685.14</u>	\$ _____	\$ <u>32,685.14</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? FILED 4cs. (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? \_\_\_\_\_ 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)**

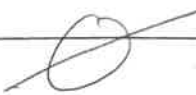
Savings Account:	Institution	<u>SANTANDER + S</u>	Value \$	<u>270.02</u>
Checking Account:	Institution	<u>SANTANDER BANK</u>	Value \$	<u>2026.42</u>
IRA:	Institution	_____	Value \$	_____
CD:	Institution	_____	Value \$	_____
Type <u>Savings</u>	Institution	<u>ST JEAN'S Credit Union</u>	Value \$	<u>136.01</u>
Type _____	Institution	_____	Value \$	_____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 4,500

Vehicles:

Car make	<u>CHEVY</u>	Model	<u>SILVERADO</u>	Year	<u>2013</u>	Mileage	<u>96,063</u>	Value \$	<u>KBB - 10,624</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	<u></u>	In town & State	_____	Value \$	_____
Property type	_____	In town & State	_____	Value \$	_____

Total of all assets \$ 17,556.45

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: Patricia Hayward Spouse's Signature: \_\_\_\_\_ Date: 1/15/24

Telephone number: 603-401-0716 (Office use only) Reviewed by U.