

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:

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	Cottone	Philip	J
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS		
	28 Tricia St		
CITY/TOWN		STATE	ZIP CODE
Seabrook		NH	03874
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED			
28 Tricia St			

STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	CITY/TOWN TAX MAP #	BLOCK #	LOT #	
	14	6	142	
	VETERANS' TAX CREDIT			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			

VETERANS' EXEMPTION			Granted	Denied	Date
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<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			Granted	Denied	Date
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$ 96,000	<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"/>	

Elderly & Disabled Tax Deferral			Granted	Denied
<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
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STEP 4 SIGNA- TURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date
	Theresa Kyle, Chairman		
	Srinivasan Ravikumar		
	Harold Eaton		

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 or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLDCK/LOT

RECEIVED

JAN 2 2024

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

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

APPLICANT'S LAST NAME: Philip J. Cottone Revoc Trust of 2020 + Melissa Debit Trust APPLICANT'S FIRST NAME: Philip MI: J. PHONE NUMBER: 509-550-3600

APPLICANT'S LAST NAME: Cottone APPLICANT'S FIRST NAME: Philip MI: J. PHONE NUMBER:

MAILING ADDRESS: 28 Tricla St

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

PROPERTY ADDRESS: 28 Tricla St TAX MAP: 14 BLOCK: 6 LOT: 142

IS THIS YOUR PRIMARY RESIDENCE? YES NO

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: 2-2-57 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? 50% int.

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: [Signature] DATE: 1-25-24

SIGNATURE (IN INK) OF PROPERTY OWNER: DATE:

50% int
NH
2024
Eld
65

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

RECEIVED
Jan 12 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): Philip Cottone

Mailing address: 28 Truda St

Marital status: married: _____ single: Widow(er): _____

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

Number of years owned residence: 12 I have been a legal resident of NH since: 12

Date of birth: 12-2-57 Age: 66 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>29,892.00</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	<u>29,892.00</u>	\$ _____	<u>29,892.00</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 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 T.D. Bank Value -886.16

IRA: Institution _____ Value \$ _____

CD: Institution _____ Value \$ _____

Type _____ Institution _____ Value \$ _____

Type _____ Institution _____ Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 4,100.00

Vehicles:

Car make Nissan Model Rogue Year 2020 Mileage 28,000 - Value \$39K ^{SHY} _{owed}

Car make _____ Model _____ Year _____ Mileage _____ Value \$ _____ _{on loan}

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 \$ 42,213.84

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:  Spouse's Signature: _____ Date: 2-12-24

Telephone number: 603-552-8346 (Office use only) Reviewed by GC

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V (to be submitted with Form PA-29 or Form PA-30)

RECEIVED JAN 22 2024 Town of Seabrook Assessor's Office

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE TYPE OR PRINT

OWNER Philip J. Cottone, APPLICANT'S LAST NAME Cottone, APPLICANT'S FIRST NAME Philip, MAILING ADDRESS 28 Tricia St, CITY/TOWN Seabrook, STATE NH, ZIPCODE 03874, PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed 28 Tricia St

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- Grantor/Revocable Trust (checked), Equitable Title holder or, Beneficial interest for life (Life estate owner)

The appropriate document must be supplied: (a) A Trust instrument as defined in RSA 564-B:1-103 (20); (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or (c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above):

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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 and name of Philip J. Cottone, dated 1-12-24

TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. WHO MUST FILE: To be completed by property owners wishing to establish their status as grantor of a revocable trust... WHEN TO FILE: This completed form shall be submitted with the Permanent Application, Form PA-29...