

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:

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>Fletcher</b>		FIRST NAME <b>Linda</b>		INITIAL <b>C</b>			
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL			
	MAILING ADDRESS <b>6 Deer Crossing</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>6 Deer Crossing</b>							
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>2</b>		BLOCK # <b>53</b>		LOT # <b>5</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>		<b>Disabled Exemption</b>		<b>Elderly Exemption</b>		<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>								
<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>Theresa Kyle, Chairman</b>							
	<b>Srinivasan Ravikumar</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/PLO/LOT

RECEIVED

FEB 14 2024

Eld.

**STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER AND APPLICANT NAME AND ADDRESS

OWNER: Linda Fletcher Family Trust of 2004  
 APPLICANT'S LAST NAME: Fletcher  
 APPLICANT'S FIRST NAME: Linda  
 MI: C

PHONE NUMBER: [ ]

MAILING ADDRESS: Le Deer Crossing  
 CITY/TOWN: Sabrook  
 STATE: NH  
 ZIP CODE: 03874

PROPERTY ADDRESS: Le Deer Crossing  
 TAX MAP: 2  
 BLOCK: 53  
 LOT: 5

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

**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  
 YES  NO [ ]

8. Please Check One.  
 US Citizen at time of entry into Service  
 Alien but resident of NH at time of entry into Service

**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: 12-18-99 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: Linda C Fletcher  
 DATE: 2/14/24

SIGNATURE (IN INK) OF PROPERTY OWNER: [ ]  
 DATE: [ ]

TAX MAP | BLOCK | LOT

665

2025 675

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

**RECEIVED**  
FEB 14 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): Linda Carol Stetcher

Mailing address: 6 Deer Crossing

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

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

Number of years owned residence: 23 years I have been a legal resident of NH since: 1973

Date of birth: 12/18/49 Age: 74 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>33,238.80</u>	\$ _____	
b. Pension & Retirement	\$ <u>8,629.44</u>	\$ _____	
c. Wages:	\$ <u>none</u>	\$ _____	
d. Rental Income:	\$ <u>none</u>	\$ _____	
e. Other Income:	\$ <u>none</u>	\$ _____	
f. Interest Income	\$ <u>211.02</u>	\$ _____	
	\$ <u>42,079.26</u>	\$ _____	\$
	Total Income	Total Income	<u>42,079.26</u> 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? 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 <u>T.D. BANK</u>	Value \$ <u>10,087.88.</u>
Checking Account:	Institution <u>TD BANK</u>	Value \$ <u>602.89.</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution <u>T.D. BANK</u>	Value \$ <u>10,165.73</u>
Type _____	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2,500.00

Vehicles:

Car make <u>Kia</u>	Model <u>Sportage</u>	Year <u>2022</u>	Mileage <u>6,800 mi.</u>	Value \$ <u>leased</u>	<u>\$159.48 per month</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 _____	In town& State _____	Value \$ _____
Property type _____	In town& State _____	Value \$ _____

Total of all assets \$ 23,356.50.

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: Laura C. Sletcher Spouse's Signature: \_\_\_\_\_ Date: 2/14/2024

Telephone number: (603) 760-2174 (Office use only) Reviewed by: cc

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)

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

OWNER	Linda Fletcher Family Trust of 2004		
APPLICANT'S LAST NAME	Fletcher	APPLICANT'S FIRST NAME	Linda
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
MAILING ADDRESS	6 Deer Crossing		
CITY/TOWN	Seabrook	STATE	NH
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed		ZIP CODE	03874

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
- 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:

[Empty box for 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.

*Linda C. Fletcher*  
SIGNATURE (IN INK)

Linda C. Fletcher  
PRINT NAME

2/14/2024  
DATE

X  
SIGNATURE (IN INK)

PRINT NAME

DATE

603 760-2174  
TELEPHONE NUMBER

WHO MUST FILE	To be completed by property owners wishing to establish their status as grantor of a revocable trust, holding equitable title or the beneficial interest of a trust, or a life estate in a property. RSA 72:29, VI. For purposes of RSA 72:28, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
WHEN TO FILE	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered.