

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 Koney	FIRST NAME April	INITIAL O	PROPERTY OWNER'S NAME				
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL					
	MAILING ADDRESS 47 Boynton Lane							
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874					
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 47 Boynton Lane							
STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	CITY/TOWN TAX MAP # 9		BLOCK # 12	LOT #	PROPERTY OWNER'S NAME TAX MAP/BLOCK/LOT			
	VETERANS' TAX CREDIT			<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						
	VETERANS' EXEMPTION			<u>Granted</u>		<u>Denied</u>	<u>Date</u>	
	<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			<u>Granted</u>	<u>Denied</u>	<u>Date</u>			
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$ 192,000	<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			<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 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							
STEP 4 SIGNA- TURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink		Date				
	Srinivasan Ravikumar							
	Harold Eaton							
	<i>Theresa Kyle</i>							
APPEAL PROCE- DURE	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 .							

RECEIVED

57d.

MAR 4 2024

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER: _____

APPLICANT'S LAST NAME: April Koney APPLICANT'S FIRST NAME: _____ MI: _____ If required, is a PA-33 on file? YES NO

APPLICANT'S LAST NAME: Koney APPLICANT'S FIRST NAME: April MI: 0 PHONE NUMBER: _____

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

MAILING ADDRESS: _____

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

PROPERTY ADDRESS: 47 Baynton Lane TAX MAP: 9 BLOCK: 12 LOT: _____

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

STEP 2
VETERANS'
TAX CREDITS
AND
EXEMPTION

VETERAN'S INFORMATION

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

PROPERTY OWNER NAME

STEP 3
EXEMPTIONS

STANDARD 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: 01-58 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: April D Koney DATE: Mar 4 2024

SIGNATURE (IN INK) OF PROPERTY OWNER: _____ DATE: _____

TAX MAP | BLOCK | LOT

El65

**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.

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FEB 29 2024

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): April D. Koney

Mailing address: 47 Boynton Lane 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: 25 yrs. I have been a legal resident of NH since: 1982

Date of birth: 6/1/1958 Age: 65 yrs. 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:	\$ _____	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages: (yearly)	\$ <u>34,912.18</u>	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income: sold shares	\$ <u>1776.00</u>	\$ _____	
f. Interest Income	\$ <u>19.</u>	\$ _____	
	\$ <u>36,707.18</u>	\$ _____	
	Total Income	Total Income	<u>36,707.18</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>Service Credit Union</u>	Value \$ <u>12.29</u>
Checking Account:	Institution <u>Service Credit Union</u>	Value \$ <u>1,729.58</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type <u>3.059 Shares Stocks</u>	Institution <u>Walmart</u>	Value \$ <u>182.38</u>
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2000

Vehicles:

Car make <u>Dodge</u>	Model <u>Grand Caravan</u>	Year <u>2019</u>	Mileage <u>48,215</u>	Value \$ <u>15,600</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 \$ 19,524.25

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: Cecil D Kney Spouse's Signature: _____ Date: 2/19/2024

Telephone number: 603-608-5560 Cell (Office use only) Reviewed by 65
603-474-9095 Home