

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>Ellenwood Annette Family Revoc Trust</b>	FIRST NAME	INITIAL			
	PROPERTY OWNER'S LAST NAME <b>Ellenwood</b>	FIRST NAME <b>Annette</b>	INITIAL			
	MAILING ADDRESS <b>71 Nashville St</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>71 Nashville St</b>					
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>14</b>		BLOCK # <b>6</b>	LOT # <b>179</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"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Other Information _____		<input type="checkbox"/>	<input type="checkbox"/>	
	<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
	<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>					
<b>Income Limits</b>	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category			
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 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			
	<b>Srinivasan Ravikumar, Chairman</b>					
	<b>Harold Eaton</b>					
	<b>Theresa Kyle</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/BLCK/LOT

RECEIVED

MAR 12 2024

Town of Seabrook  
Assessor's Office

**STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER: Annette Ellenwood Family Revoc Trust If required, is a PA-33 on file?  YES  NO

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

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

MAILING ADDRESS: 71 Nashville St

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

PROPERTY ADDRESS: 71 Nashville St TAX MAP: 14 BLOCK: 6 LOT: 179

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:   

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: 2-5-93 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.

Annette F. Ellenwood SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 3/12/24

\_\_\_\_\_  
SIGNATURE (IN INK) OF PROPERTY OWNER DATE: \_\_\_\_\_

TAX MAP | BLOCK | LOT

E-65

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

**RECEIVED**

MAR 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): ANNETTE ELLENWOOD

Mailing address: 71 NASHVILLE STREET 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: 3yrs 7mths I have been a legal resident of NH since: AUG 2020

Date of birth: 2/5/1953 Age: 70 Spouse's date of birth: N/A Age: N/A

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
Social Security:	\$ <u>18,792.00</u>	\$ _____
Pension & Retirement:	\$ <u>wid Ben. 9490.44</u> <i>+ state pension</i>	\$ <u>N/A</u>
Wages:	\$ <u>N/A</u>	\$ _____
Rental Income:	\$ <u>N/A</u>	\$ _____
Other Income:	\$ <u>N/A</u>	\$ _____
Interest Income:	\$ <u>208.72</u>	\$ _____
	\$ <u>28,491.16</u>	\$ _____
	<b>Total Income</b>	<b>Total Income</b>
		\$ <u>28,491.16</u> <b>Total of all Income</b>

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)

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.)

MODULAR HOME

3. Asset Information

a. Type of property for which exemption is claimed: Single Family  Multi-family N/A

b. if multi-family, in which unit do you reside? N/A What is the living area of your unit? N/A

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>cap one</u>	Value \$ <u>53,798.83</u>
Checking Account:	Institution <u>" "</u>	Value \$ <u>3488.24</u>
IRA:	Institution <u>N/A</u>	Value \$ <u>          </u>
CD:	Institution <u>N/A</u>	Value \$ <u>          </u>
Type <u>          </u>	Institution <u>N/A</u>	Value \$ <u>          </u>
Type <u>          </u>	Institution <u>N/A</u>	Value \$ <u>          </u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 5,000

Vehicles:

Car make <u>TOYOTA</u>	Model <u>IM</u>	Year <u>2018</u>	Mileage <u>481,99</u>	Value \$ <u>10,000</u>
Car make <u>          </u>	Model <u>          </u>	Year <u>          </u>	Mileage <u>          </u>	Value \$ <u>          </u>
Boat make <u>N/A</u>	Model <u>N/A</u>	Year <u>N/A</u>	Mileage <u>N/A</u>	Value \$ <u>N/A</u>
RV make <u>          </u>	Model <u>          </u>	Year <u>          </u>	Mileage <u>          </u>	Value \$ <u>          </u>

# less than

Real Estate: Other than your occupied NH Residence

Property type <u>N/A</u>	In town & State <u>N/A</u>	Value \$ <u>N/A</u>
Property type <u>N/A</u>	In town & State <u>N/A</u>	Value \$ <u>N/A</u>

Total of all assets \$ 72,267.07

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 member 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: A. F. [unclear] Spouse's Signature: N/A Date: 3/7/24

Phone number: 978-482-8436 (Office use only) Reviewed by [signature]

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**STATEMENT OF QUALIFICATION**  
For Property Tax Credit or Exemption Under RSA 72:33, V  
(to be submitted with Form PA-29)

RECEIVED  
MAR 12 2024  
Town of Seabrook  
Assessors Office

USE THIS FORM ONLY IF YOUR PROPERTY IS HELD IN A TRUST OR AS A LIFE ESTATE

WHO	To be completed by property owners wishing to establish their status as holding equitable title/the beneficial interest owner of a trust, or holding a life estate in a property.
WHY	Chapter 102, Laws of 1994 has made it possible for a property owner to put their property into a trust or life estate and still be eligible for the property tax credit or exemption for which they were qualified.
WHEN	This completed form shall be submitted with the Permanent Application Form PA-29 (RSA 72:33) for property tax credit or exemption, to the local 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 refilled unless the status of the trust or life estate is changed or altered.

PLEASE TYPE OR PRINT	LAST NAME	FIRST NAME	INITIAL	
	ELLENWOOD		ANNETTE	N/A
	MAILING ADDRESS			
	71 NASHVILLE ST			
CITY/TOWN		STATE	ZIP CODE	
SEABROOK		NH	03874	
LOCATION OF PROPERTY:		ADDRESS	CITY/TOWN	
71 NASHVILLE ST		SEABROOK NH	03874	

I am eligible for a property tax credit or exemption against the property for which a Permanent Application Form PA-29, has been made, and do qualify as the owner of the property under 72:29, VI based upon the following: (Please Check One)

- Equitable title holder, life interest or beneficial interest owner of a trust.**  
If this statement is checked, you must supply a copy of:  
(a) a Trust Instrument as defined in RSA 564-B:1-103 (20) OR  
(b) a Certification of Trust prepared in accordance with RSA 564-B:10.

- Life estate owner.**  
If this statement is checked, you must supply a copy of the deed showing the assigned ownership of the life estate.

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

*ELLENWOOD Family Irrev Trust*

Explanation or additional details:

I certify, under the penalty of perjury, that information I have provided above is true and correct:

*Annette E. Ellenwood*  
SIGNATURE (IN INK)

*3/7/24*  
DATE