

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>Gasperini</b>	FIRST NAME <b>Lisa</b>	INITIAL <b>G</b>
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS <b>25 Perkins Ave #91</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>1A Oak Court</b>			

<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>8</b>	BLOCK # <b>13</b>	LOT # <b>2</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>			
<input type="checkbox"/> Total Exemption	<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse/CU Partner	<u>Granted</u> <u>Denied</u> <u>Date</u>

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    \$
Married	\$ 67,000	\$	75 - 79 years of age    \$
			80 + years of age    \$
Asset Limits			
Single	\$ 250,000	\$	
Married	\$ 250,000	\$	

<b>OTHER EXEMPTIONS</b>			
<input type="checkbox"/> Elderly Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Disabled Exemption	Amount \$ <b>192,000</b>	<input checked="" 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"/>

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)

<b>STEP 3 COM- MENTS/ NOTES</b>	Municipal Comments/Notes		
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<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>		

**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](http://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/BLOCK/LOT

Dis.

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  
MAR 17 2024

Town of Seabrook  
Assessor's Office

**STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER: Lisa G. Gasperini

APPLICANT'S LAST NAME: Gasperini APPLICANT'S FIRST NAME: Lisa MI: 6 PHONE NUMBER: \_\_\_\_\_

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

MAILING ADDRESS: 25 PERKINS AVE # 91

CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 1A OAK CT TAX MAP: 8 BLOCK: 13 LOT: 2

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: 6-29-61 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.

Lisa Gasperini  
SIGNATURE (IN INK) OF PROPERTY OWNER

3-11-24  
DATE

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

\_\_\_\_\_  
DATE

TAX MAP | BLOCK | LOT

Dis

**REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS  
OPTIONAL ADJUSTED DISABLED 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.

**RECEIVED**

MAR 11 2024

Town of Seabrook  
Assessor's Office

**1) Personal Information**

Applicant's name(s): Lisa Gasperini

Mailing address: 91 Oak Ct (La Oak)

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

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

Number of years owned residence: 17 I have been a legal resident of NH since: 1983

Date of birth: 6-27-67 Age: 57 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>14,268.00</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ <u>2947. DoorDash.</u>	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>17,215.00</u>	\$ _____	<u>17,215.00</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? 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>A11gn CU</u>	Value \$	<u>20.00</u>
Checking Account:	Institution	<u>A11gn CU</u>	Value \$	<u>10,141.52.</u>
IRA:	Institution	_____	Value \$	_____
CD:	Institution	_____	Value \$	_____
Type _____	Institution	_____	Value \$	_____
Type _____	Institution	_____	Value \$	_____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 4000

Vehicles:

Car make	<u>mitsubishi</u>	Model	<u>mirage<sup>64</sup></u>	Year	<u>2022</u>	Mileage	<u>31,000</u>	Value \$	<u>13,000</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 \$ 27,141.52

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 o this information.

Applicant's Signature: Lisa Laoprasitthi Spouse's Signature: \_\_\_\_\_ Date: 3-11-2024

Telephone number: 603-760-8886 (Office use only) Reviewed by Ge

Social Security Administration  
**Retirement, Survivors and Disability Insurance**  
Notice of Award

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898  
Date: March 3, 2024  
BNC#: 24MS424F45176-HA



0000060 00003782 2 SP 0.880 0228M3MCS1PI T25 P



LISA G GASPERINI  
91 OAK COURT  
SEABROOK, NH 03874

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You are entitled to monthly disability benefits beginning June 2023.

**The Date You Became Disabled**

We found that you became disabled under our rules on January 1, 2023.

The date we found you disabled is different from the date you gave us on the application.

To qualify for disability benefits, you must be disabled for five full calendar months in a row. The first month you are entitled to benefits is June 2023.

**What We Will Pay And When**

- You will receive \$1,189.00 for March 2024 around April 24, 2024.
- After that you will receive \$1,189.00 on or about the fourth Wednesday of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.



Enclosure(s):  
Pub 05-10153