FORM

PA-35

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

Baluber	erral is claimed:							
EP 1	PROPERTY OWNER			FIRST NAME		INITIAL		
ME D DRESS	Donahue (Hill) PROPERTY OWNER'S LAST NAME		Audine FIRST NAME		INITIAL			
DKESS	MAILING ADDRESS							
	22 Adams A	ve						
	CITY/TOWN .				STATE	ZIP COD		
	Seabrook				IH (03874		
	PROPERTY ADDRES	SS FOR WHICH EXEMPTION	/CREDIT/DEFERRAL IS	6 CLAIMED				
D 2				BLOCK # 139		LOT#		
STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER-	CITY/TOWN TAX MAP # 15 BLOCK # 139 VETERANS' TAX CREDIT Veterans' Tax Credit \$50 minimum (to \$500) Service Connected Total & Permanent Disability \$700 minimum to \$2000 Amount \$							
	Review Discharge Papers (ei: Form DD214), Form # Other Information							
				VETERANS' E		Granted Denie	<u>Date</u>	
	Total Exemp		(a) Veteran		ing Spouse/CU Partner			
		APPLICABLE E			ON (OPTIONAL) INCOME			
	Income Limits	Disabled Exemption	n Elder	ly Exemption	Elderly Exemp	tion Per Age Car	tegory	
1	Single	\$	\$	44,000	65 - 74 years of age	\$	192,000	
	Married	s	\$	67,000	75 - 79 years of age	\$	204,000	
	Asset Limits			07,000	80 + years of age	\$	240,000	
0		m	l e		70000000		240,000	
3	Single	\$	\$	250,000				
	Married	\$	\$	250,000				
			OTHER E	XEMPTIONS		Branted Denied	<u>Date</u>	
	Elderly Exemption Disabled Exemption			Amount \$	240,000	✓		
	Improvements to Assist the Deaf					\vdash	·	
	Improvements to Assist Persons with Disabilities			Amount \$		\vdash		
	Blind Exem	ption						
	Deaf Exemp	otion		Amount \$				
	Solar Energ	y Systems Exemption						
	Woodheatin	ig Energy Systems Ex	emption	Amount \$				
i	Wind-Powe	red Energy Systems E	xemption	Amount \$				
	Elderly & Disabled Tax Deferral			Amount \$		Granted De	nied	
	For Deferrals: This page must be returned to the property owner after approval or denial on or before July 1st <i>following</i> the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)							
2 3 - TS/ ES	10t John William	0 0010 01 110100 01 101		inicipal Comments/N	*			
4	Selectmen/Assessor(s) Printed Name			Signature o	n ink	Date		
A-	Srinivasan Ravikumar, Chairman							
S	Harold Eaton							
	Theresa Kyle							
EAL CE- E	following the date Court. Example: Forms for appeal	of notice of tax under If you were denied ar	r RSA 72:1-d to th n exemption from y e obtained from th	e New Hampshire B our 2013 property to e NH BTLA, 107 Ple	icant may appeal in writing Board of Tax and Land App axes, you have until Septe easant Street, Concord, NE	eals (BTLA) or to mber 1, 2014, to	the Superion	

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

	\mathcal{A} .						
FORM	NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION						
PA-29	PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE						
CTED 4	OWNER AND APPLICANT INFORMATION						
STEP 1 OWNER	OWNER If required, is a PA-33 on file?						
AND APPLICANT	Audine Donahue Oyes ONO						
NAME AND	APPLICANT'S LAST NAME APPLICANT'S EIRST NAME MI PHONE NUMBER HILL DATANCE APPLICANT'S EIRST NAME MI PHONE NUMBER						
ADDRESS	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER	1					
	Alling Address 22 Adams Ave						
	CITY/TOWN STATE ZIP CODE ,	40 4 4 4 4					
	Seabnal NH a3879	Sec. Comp.					
	PROPERTY ADDRESS TAX MAP BLOCK LOT 15 139						
51	IS THIS YOUR PRIMARY RESIDENCE? OYES ONO						
	VETERAN'S INFORMATION						
STEP 2 VETERANS	1. APPLICANT IS THE: 2. APPLYING FOR:						
TAX CREDITS	Veteran Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)						
AND EXEMPTION	Spouse All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)						
	Surviving Spouse 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) Date of Entry 5. Date of Discharge/Release (if applicable)	NOT E					
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)	717					
	6. Name of Allied Country Served in 7. Branch of Service	MAINE					
		2 130					
	9. Does any other eligible Veteran own interest in this property? 8. Please Check One. VES NO If YES, provide name US Citizen at time of entry into Service	N.C.					
	Alien but resident of NH at time of entry into Service						
	STANDARD EXEMPTIONS						
STEP 3	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)						
EXEMPTIONS	(Enter numbers only MMDDYYYY) 10a, Applicant's Date of Birth 10-27-4 Fob. Spouse's Date of Birth						
	11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)						
	12. Blind Exemption (RSA 72.37)						
	LOCAL OPTIONAL EXEMPTIONS (If edopted by city/fown) 13. Deaf Exemption (RSA 72:38-b) Electric Energy Storage Systems Exemption (RSA 72:86)						
	Disabled Exemption (RSA 72:37-b) Wind-Powered Energy Systems Exemption (RSA 72:66)						
	Solar Energy Systems Exemption (RSA 72:62) Woodheating Energy Systems Exemption (RSA 72:70)						
	Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)	2					
STEP 4	14. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)	ANZIAL N					
RESIDENCY	NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed) occ					
	NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)	22					
STEP 5	15. Do you own 100% interest in this residence? OYes O No If NO, what percent (%) do you own?	100					
OWNERSHIP							
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:						
	Muchan Donahue 3-28-24						
	SIGNATURE (IN INK) OF PROPERTY OWNER						
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE						



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 CEIVED provided. All financial documents and bank statements must be included with application.

1) Personal illiorm	ation	. •	7 202
Applicant's name(s)	: Audine Donah	re e/o Andine	Hill Assessing
Mailing address:	22 Adams Are		Office
	ried: single:	Widow(er):	
Residence owned: s	olely:joint tenants:	_w/other(s)Trust:_	Life estate
Number of years own	ned residence: 5 /	have been a legal resident of	NH since:
Date of birth: 10 37	7-4.3 Age: 80 Spouse	's date of birth:	_ Age:
Do you own real estat	te other than your occupied NH res	idence?(If yes	, please attach tax bill)
2) Income Information	n (yearly amount from last year)	et ts	
	VERIFICATION OF ALL THE FOL	LOWING MUST BE SUBMITT	a D
	Applicant	Applicant's Spouse	
. Social Security:	\$ 24,822.30	\$	
Pension & Retiremer	at spetife tretnewers.	\$	
Wages:	\$	\$	
Rental Income:	\$	\$	
Other income:	\$	\$	
nterest income	\$	\$	
	\$_ 31,660.30 Total Income	\$ Total Income	
you required to file a vide a copy of your re	n interest and d <mark>iv</mark> idends tax returr turn)	n to the State of New Hampsl	hire? <u>nO</u> (If yes, please
you required to file at time tax return. If no, p fication purposes.	n IRS tax return? <u>YES</u> (If yolease sign the attached form 8823	yes, please provide a copy of I authorizing the Town of Sea	your most recent federal abrook to contact the IRS for

3. Asset Informa	tion			2.	
a. Type of proper	ty for which exemption is claim	med: Single F	amily	Aulti-family	
b. If multi-family,	in which unit do you reside?_	w	hat is the living are	ea of your unit?	
Assets: Please list all asset Savings Accounts o cars, etc.)	s owned (self & Spouse) or Investments/Certificates: (C	D's, stocks, bo	onds, IRA's, annuiti	es, travel trailers, RV's, boats, antique	!S,
YOU	MUST SUBMIT VERIFICATION O	F THESE AMOL	INTS (CURRENT STA	TEMENTS WITH BALANCES	
Savings A	Account: Institution	TP Bar	1K	Value \$ 30,054.	
Checking	Account: Institution7	D Bank		Value \$ 4702.54	
IRA:	Institution			Value \$	
CP:	Institution			Value \$	
Туре	Institution			Value \$	
Туре	institution			Value \$	
Vehicles: Car make <u>F19</u>	Model Sovento	Year 20	14 Mileage 6	3, 000 Value \$ 14, 000	
ar make	Model	Year	Mileage	Value \$	
oat make	Model	Year	Mileage	Value \$	
V make	Model	Year	Mileage	Value \$	
eal Estate: Other than y	our occupied NH Residence				
operty type	and the second second	/		ue \$	
	In town& State		Val		
operty type	In town& State			ie \$	
operty type			Val		
vear under penalty of p wledge. I further autho nt of the Town of Seab	erjury, that all the above is corrected any agency or financial instrock Assessor's Office. I release	ect and accuratitution to releas	Total of all asset accounting of my formation about	inancial condition to the best of my time or copies of my records to any	
vear under penalty of powledge. I further authority of the Town of Seabormation. plicant's Signature:	erjury, that all the above is corrected any agency or financial instrock Assessor's Office. I release	ect and accuratifution to release all persons who house's Signa	Total of all assets accounting of my formation about the property of the prope	inancial condition to the best of my time or copies of my records to any ability resulting from the release o this Date: 3 - 10 - 5	3