

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>Cox</b>		FIRST NAME <b>Christine</b>		INITIAL	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS <b>32 Lakeshore Dr</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>37 Lakshore Dr</b>					
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>9</b>		BLOCK # <b>69</b>	LOT #		
	<b>VETERANS' TAX CREDIT</b>					
	<i>Granted/Denied Date</i>					
	<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>					
	<i>Granted Denied Date</i>					
<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>		<b>Disabled Exemption</b>		<b>Elderly Exemption</b>		
Single	\$		\$	<b>44,000</b>		
Married	\$		\$	<b>67,000</b>		
<b>Asset Limits</b>				<b>Elderly Exemption Per Age Category</b>		
Single	\$		\$	65 - 74 years of age	<b>192,000</b>	
Married	\$		\$	75 - 79 years of age	<b>204,000</b>	
				80 + years of age	<b>240,000</b>	
<b>OTHER EXEMPTIONS</b>						
<i>Granted Denied Date</i>						
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$	<b>192,000</b>		<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Disabled Exemption	Amount \$			<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$			<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$			<input type="checkbox"/>	
<input type="checkbox"/>	Blind Exemption	Amount \$			<input type="checkbox"/>	
<input type="checkbox"/>	Deaf Exemption	Amount \$			<input type="checkbox"/>	
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$			<input type="checkbox"/>	
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$			<input type="checkbox"/>	
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$			<input type="checkbox"/>	
<b>Elderly &amp; Disabled Tax Deferral</b>						
<i>Granted Denied</i>						
<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 PROCE- DURE</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/BLOCK/LOT

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

Etd.

Town of Seabrook
Seabrook's Office

OWNER AND APPLICANT INFORMATION
OWNER: Christine COX
APPLICANT'S LAST NAME: COX
APPLICANT'S FIRST NAME: Christine
Mailing Address: 32 Lakeshore Dr.
City/Town: Seabrook
State: NH
Zip Code: 03874
Property Address: 37 Lakeshore Dr.
Tax Map: 9, Block: 69
IS THIS YOUR PRIMARY RESIDENCE? YES

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

265

2024
ETS

**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.

RECEIVED  
 Mar 21 2024  
 Town of Seabrook  
 Assessor's Office

**1) Personal Information**

Applicant's name(s): Christine Cox

Mailing address: 32 Lakeshore DR 37 Lakeshore DR

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

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

Number of years owned residence: 33 I have been a legal resident of NH since: 1989

Date of birth: 8/25/50 Age: 73 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>19,522.80</u>	\$ _____	
b. Pension & Retirement	\$ <u>11,296. IRA.</u>	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ <u>alimony 8,000</u>	\$ _____	
f. Interest Income	\$ <u>14.89</u>	\$ _____	
	\$ <u>38,835.69</u>	\$ _____	
	<b>Total Income</b>	<b>Total Income</b>	<u>38,835.69</u> <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>PMV Bank</u>	Value \$ <u>296.91</u>
Checking Account:	Institution <u>TD Bank</u>	Value \$ <u>736.48</u>
IRA:	Institution <u>LPL Fin.</u>	Value \$ <u>66,147.38</u> <small>shown on phone</small>
CD: <u>Money Market</u>	Institution <u>Inst't F/savings</u>	Value \$ <u>3979.36</u> ✓
Type <u>savings</u>	Institution <u>Inst'tion for savings</u>	Value \$ <u>370.75</u>
Type <u>SAV.</u>	Institution <u>Granite State</u>	Value \$ <u>827.80</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 500

Vehicles:

Car make <u>Ford</u>	Model <u>Ecosport</u>	Year <u>2018</u>	Mileage <u>47,500</u>	Value \$ <u>17000</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 \$ 84,358.68

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: Christine Cox Spouse's Signature: \_\_\_\_\_ Date: 3-21-24

Telephone number: 603 501 9194 (Office use only) Reviewed by CX