FORM PA-35

Property for which Exemption/Tax

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/ TAX CREDITS/DEFERRAL APPLICATION NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

aivpete	rral is claimed:							
EP 1	PROPERTY OWNER'S LAST NAME				FIRST NAME		INITIAL	
ME D	PROPERTY OWNER'S LAST NAME			Christine FIRST NAME			INITIAL	
DRESS	MAILING ADDRESS							
	32 Lakesho	re Dr						
	CITY/TOWN					STATE	ZIP CODI	Ē
	Seabrook  PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL					iH (	3874	
	37 Lakshore		TION/CREDIT	/DEFERRAL IS	CLAIMED			
EP 2	CITY/TOWN TAX				BLOCK# 69		LOT#	
MP- NS/			um (to \$50	·O)	VETERANS' TA		Granted/[	Denied Date
D-	Veterans' Tax Credit \$50 minimum (to \$500)  Service Connected Total & Permanent Disability \$700 minimum to \$2000 Amount \$							
ER-	Surviving Spouse/CU Partner of Veteran Who Was  Killed or Who Died on Active Duty \$700 minimum (to \$2000)  Review Discharge Papers (ei: Form DD214), Form #							Ш —
-	Other Inform		-orm DD21	4), Form #				
-	Other inform	1811011			VETERANGLE	EXEMPTION Granted Denied Date		
	Total Exemption			VETERANS' EXEMPTION (a) Veteran (b) Surviving Spous		ng Spouse/CU Partner	<u>Granted</u> <u>Denied</u>	<u>Date</u>
-	iotal Exem		, ,			ON (OPTIONAL) INCOME	ANDASSETTI	MITS
+	Income Limits	Disabled Exem			ly Exemption		tion Per Age Cat	
-			риоп		y Exemption		1	egory
	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
1	Single \$			\$	250,000			141
ŀ	Married \$			\$	250,000			
1	Walled	14		1	Z50,000   EMPTIONS		rantad Daniad	Doto
					Amount \$	i	iranted Denied	<u>Date</u>
	✓ Elderly Exemption  Disabled Exemption				Amount \$			
	Improvements to Assist the Deaf				Amount \$		$\vdash$	
		nts to Assist Perso		abilities	Amount \$			
- 1	Blind Exem	ption			Amount \$			
	Deaf Exemp	ption						
	Solar Energ	y Systems Exemp	tion					-
	Woodheating Energy Systems Exemption			1	Amount \$			
	Wind-Powered Energy Systems Exemption			on	Amount \$			
ŀ	Fiderly & Disah	led Tax Deferral					Granted De	niod
- 1		Disabled Tax Defe			Amount \$			nied
	For Deferrals: This page must be returned to the property owner after approval or denial on or before July							
					by first class mail.			
3				Mui	nicipal Comments/N	lotes		
rs/								
S	Splactn	non/Acceccor(e) Pr	inted Name	2	Signature of	f Selectmen/Assessor(s) in	ink	Data
4	Selectmen/Assessor(s) Printed Name				Signature Of	Ociecumen/Assesson(S) III	IIIK	Date
s l	Srinivasan Ravikumar, Chairman							
-	Harold Eaton							
	Theresa Kyle							
AL	If an application	for a property tay of	exemption	or tax credit	is denied, an appli	cant may appeal in writing	on or before S	entember 1
E-	following the date	e of notice of tax u	nder RSA 7	'2:1-d to the	New Hampshire Br	oard of Tax and Land Appe	eals (BTLA) or to	the Superio
	Court. Example: Forms for appeal	in you were denied ing to the BTLA ma	an exemp v be obtair	ouon from yo ned from the	our 2013 property ta NH BTLA, 107 Plea	axes, you have until Septer asant Street, Concord, NH	nper 1, 2014, to 03301, their we	appeal. b site at www
	nh.gov/btla or by	calling (603) 271-2	578. Be si	ure to speci	fy EXEMPTION API	PEAL.	oooo i, tileli we	v site at <u>ww</u>



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## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

CTER 1	OWNER AND APPLICANT INFORMATION										
STEP 1 OWNER	OWNER										
AND APPLICANT		~ COX		If required, is a PA-33 on file  YES NO	97/00 On:						
NAME	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI PHONE NUMBER	""00						
AND ADDRESS	Cox		christine		7						
ADDITECT	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI PHONE NUMBER	ĝ						
					PROPERTY OWNER NAME						
	MAILING ADDRESS										
	CITYTOWN STATE ZIPCODE										
	OTHE ZHOODE										
	PROPERTY ADDRESS	NAME OF TAXABLE PARTY.	TAX MAP BLOCK LOT								
	37 Lake share Dr.										
	IS THIS YOUR PRIMARY RESIDENCE? OYES ONO										
STEP 2	VETERAN'S INFORMATION										
VETERANS'	1. APPLICANT IS THE:	2. APPLYING FOR:									
TAX CREDITS AND	Veteran		dit (RSA 72:28) Standard (\$50) / Optiona								
EXEMPTION	OSpouse			Standard (\$50) / Optional (\$51 up to \$750)	i						
	Surviving Spouse	Tax Credit for Serv	vice-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")										
			bat Service (RSA 72:28-c) If Adopted b								
	Certain Disabled Veterans (Exemption) (RSA 72:36-a)										
	3. Veteran's Name		The superstance of the second		7						
	J. Veteraris Manie		tes of Military Service 4. Date of Er Enter (MMDDYYYY)	5. Date of Discharge/Release	- P						
	IF A VETERAN OF ALLIED				_ ] 위						
	6. Name of Allied Country Se		ervice		PROPERTY OWNER NAME						
		<b> </b>									
	9. Does any other eligible Veteran own interest in this property?  8. Please Check One.										
	YES NO If YES, provide name US Citizen at time of entry into Service										
	Alien but resident of NH at time of entry into Service										
		is i	ANDARD EXEMPTIONS	又在1960年的1960年	Yerke						
STEP 3	10. Elderly Exemption (A		or before April 1 of year for which @x		15:34						
EXEMPTIONS											
	(Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth 6-25-50 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 Dind Examplion (BS			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Elizani.						
	12. Blind Exemption (RS		Solar Energy Systems Exempti								
	Deaf Exemption (RS	s Exemption (RSA 72:66)	E I								
	Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)										
	Electric Energy Stor	age Systems Exemption (R	SA 72:85)								
	13. NH Resident for One	Von mondification			ТАХ						
STEP 4 RESIDENCY											
KEOIDEMC1	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	ee Consecutive Years prece	ding April 1 in the year the exemption	is claimed (Elderly Exemption)	S S						
STEP 5	14. Do you gues #000/ Int	ot in this residence (C.)	(an Ohla Wallo di		AX MAP   BLOCK   LOT						
OWNERSHIP	14. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own?										
STEP 6	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										
SIGNATURES	and complete.										
	- Wustin	ecox		3/21/2024	4						
	SIGNATURE (IN INK) OF PROPERTY	OWNER		DATE							
	SIGNATURE (IN INK) OF PROPERTY	OWNER		DATE	"						
	The state of the s			DATE	- 1						



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## 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. 1) Personal Information Applicant's name(s): Christine Cox Mailing address: 32 Lakeshere Dr 37 Lakeshere 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: \$\\\ 25\\ 50\\ Age: \\\ \gamma \\ \gamma\\ \gamma\ \gam Do you own real estate other than your occupied NH residence? (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** \$ 191522 80 a. Social Security: o. Pension & Retirement \$ 11, 296. TRA. :. Wages: I. Rental Income: \$ alimany 8,000 . Other income: Interest Income 38,835.69 e you required to file an interest and dividends tax return to the State of New Hampshire? \_\_\_\_\_\_\_(If yes, please ovide a copy of your return)

e you required to file an IRS tax return? \_\_\_\_\_\_ (If yes, please provide a copy of your most recent federal come tax return. If no, please sign the attached form 8821 authorizing the Town of Seabrook to contact the IRS for

rification 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 PM Banic Value \$ 296-91	
Checking Account: Institution TD Banic Value \$ 73648	
IRA: Institution LPL Fin. Value \$ 61,147.38. Shown on pho	
co: many monch institution Ins	SM.
Type Savniss institution Institution Institution tersamings Value \$ 370-75	
Type Sav. Institution Grante State Value \$ 827-80.	
Vehicles:  Car make FORD Model & COSPORT Year 2018 Mileage 47, 500 Value \$ 17000	
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 \$	
roperty type In town& State Value \$	
Total of all assets \$ 84, 358-68	
swear under penalty of perjury, that all the above is correct and accurate accounting of my financial condition to the best of my nowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any gent of the Town of Seabrook Assessor's Office. I release all persons whomsoever from any liability resulting from the release o this formation.	
pplicant's Signature: Date: 321-24.	
elephone number: 603 50 19194 (Office use only) Reviewed by 6	