

**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"

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME Eaton		FIRST NAME Joyce	INITIAL I
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL
	MAILING ADDRESS PO Box 155			
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874	
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 76 South Main St			
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 15		BLOCK # 15	LOT #
	VETERANS' TAX CREDIT			
			<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 _____		
	VETERANS' EXEMPTION			
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse/CU Partner
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	\$ 192,000
Married	\$ _____	\$ 67,000	75 - 79 years of age	\$ 204,000
Asset Limits			80 + years of age	\$ 240,000
Single	\$ _____	\$ 250,000		
Married	\$ _____	\$ 250,000		
OTHER EXEMPTIONS				
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$ 204,000	<u>Granted</u> <u>Denied</u> <u>Date</u> <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"/> _____	
Elderly & Disabled Tax Deferral				<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 following the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)				
STEP 3 COMMENTS/ NOTES	Municipal Comments/Notes			
STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink		Date
	Srinivasan Ravikumar, Chairman			
	Harold Eaton			
	Theresa Kyle			
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 or by calling (603) 271-2578. Be sure to specify EXEMPTION APPEAL .			

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

RECEIVED

FORM PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

APR 14 2024

Eld.

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS		OWNER AND APPLICANT INFORMATION			
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS		OWNER		If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO	
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
		MAILING ADDRESS		PHONE NUMBER	
		CITY/TOWN		STATE	
		PROPERTY ADDRESS		TAX MAP	
		IS THIS YOUR PRIMARY RESIDENCE?		BLOCK	
				LOT	
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION		VETERAN'S INFORMATION			
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION		1. APPLICANT IS THE:		2. APPLYING FOR:	
		3. Veteran's Name		4. Date of Entry	
		6. Name of Allied Country Served in		7. Branch of Service	
		9. Does any other eligible Veteran own interest in this property?		8. Please Check One.	
		10. <input checked="" type="checkbox"/> Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)		10a. Applicant's Date of Birth	
		11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)		10b. Spouse's Date of Birth	
STEP 3 EXEMPTIONS		STANDARD EXEMPTIONS			
STEP 3 EXEMPTIONS		12. <input type="checkbox"/> Blind Exemption (RSA 72:37)		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)	
		13. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)		<input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)	
		14. Do you own 100% interest in this residence? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own?		<input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)	
				<input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85)	
STEP 4 RESIDENCY		LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)			
STEP 4 RESIDENCY		12. <input type="checkbox"/> Deaf Exemption (RSA 72:38-b)			
		13. <input checked="" type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed			
		14. Do you own 100% interest in this residence? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own?			
STEP 5 OWNERSHIP					
STEP 5 OWNERSHIP		13. <input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)			
STEP 6 SIGNATURES					
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.			
		SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	
		SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

E75

E80
2026

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

RECEIVED
MAR 18 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): Joyce I EATON

Mailing address: P.O. BOX 155

Marital status: married: _____ single: _____ Widow(er):

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

Number of years owned residence: 55 yrs I have been a legal resident of NH since: 1963

Date of birth: 4/21/45 Age: 78 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>21,814.80</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>21,814.80</u>	\$ _____	<u>21,814.80</u>
	Total Income	Total Income	Total of all Income

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? 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.)

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>TD BANK</u>	Value \$	<u>46,524.37</u>
Checking Account:	Institution	<u>" "</u>	Value \$	<u>1,547.11</u>
IRA:	Institution	_____	Value \$	_____
CD:	Institution	_____	Value \$	_____
Type <u>Savings</u>	Institution	<u>" "</u>	Value \$	<u>600.30</u>
Type _____	Institution	_____	Value \$	_____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 10,000

Vehicles:

Car make SUBARU Model FORESTER Year 2010 Mileage 190,000 Value \$ 6,000

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 \$ 64,671.78

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: Jayce L. [Signature] Spouse's Signature: _____ Date: 1/5/24

Telephone number: 603-474-3042 (Office use only) Reviewed by [Signature]

15-15-0

FORM
PA-33

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

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 refiled unless the status of the trust or life estate is changed or altered.

TYPE OR PRINT	LAST NAME	EATON,	FIRST NAME	JOYCE	INITIAL	I
	MAILING ADDRESS	PO BOX 155				
	CITY/TOWN	STATE	ZIP CODE			
	LOCATION OF PROPERTY: ADDRESS	76 SOUTH MAIN ST.			SEABROOK	

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: (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.

Name of Trust: JOYCE I. Eaton TRUST

- 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.

Explanation or additional details: _____

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.

X Joyce I Eaton
SIGNATURE (IN INK)

PRINT NAME

3-28-2018
DATE
474-3042
TELEPHONE NUMBER