

**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 Credit/Deferral is claimed:

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME McClelland		FIRST NAME Sandra		INITIAL J	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS PO Box 2182					
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 65 Silver St					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 14		BLOCK # 6		LOT # 110	
	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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Other Information _____			<input type="checkbox"/>	<input type="checkbox"/>
	VETERANS' EXEMPTION					
	<u>Granted</u> <u>Denied</u> <u>Date</u>					
<input type="checkbox"/>	Total Exemption		<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	
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						
<u>Granted</u> <u>Denied</u> <u>Date</u>						
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$	96,000	<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					
	Sandra owns 50% interest.					
STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date	
	Srinivasan Ravikumar, <i>chairman</i>		<i>[Signature]</i>			
	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/BL/OCK/LOT

RECEIVED

APR - 7 2024

Eld.

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER AND APPLICANT INFORMATION

OWNER If required, is a PA-33 on file? YES NO

APPLICANT'S LAST NAME: Richard Silva Hrs of + Sandra McClelland (Silva) APPLICANT'S FIRST NAME: Sandra MI: J. PHONE NUMBER:

APPLICANT'S LAST NAME: McClelland APPLICANT'S FIRST NAME: Sandra MI: J. PHONE NUMBER:

MAILING ADDRESS: P.O. Box 2182

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 45 Silver St TAX MAP: 19 BLOCK: 6 LOT: 110

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

STEP 2
VETERANS'
TAX CREDITS
AND
EXEMPTION

VETERAN'S INFORMATION

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 applicable):

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

PROPERTY OWNER NAME

STEP 3
EXEMPTIONS

STANDARD 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: 1958 10b. 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 adopted by city/town)

13. Deaf Exemption (RSA 72:38-b) Electric Energy Storage Systems Exemption (RSA 72:85)
 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)

TAX MAP | BLOCK | LOT

STEP 4
RESIDENCY

14. 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

15. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own? 50%

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.

Sandra McClelland 4/5/2024
 SIGNATURE (IN INK) OF PROPERTY OWNER DATE

 SIGNATURE (IN INK) OF PROPERTY OWNER DATE

E65

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

RECEIVED

APR 25 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): Sandra McClelland (Silva)

Mailing address: 65 Silver St.

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

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

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

Date of birth: 1-19-58 Age: 66 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>20,170.80</u>	\$ _____	
b. Pension & Retirement	\$ <u>3786</u> <i>mutual of America</i>	\$ _____	
c. Wages:	\$ <u>15,184</u>	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>39,140.80</u>	\$ _____	<u>39,140.80</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? 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>Brookline Bank</u>	Value \$ <u>5741.55</u>
Checking Account:	Institution <u>" "</u>	Value \$ <u>101.36</u>
IRA:	Institution <u>Mutual of America</u>	Value \$ <u>195.48</u>
CD: <u>check</u>	Institution <u>Brookline Bank</u>	Value \$ <u>109.22</u>
Type <u>check</u>	Institution <u>TD Bank</u>	Value \$ <u>240.68</u>
Type <u>Sav</u>	Institution <u>" "</u>	Value \$ <u>51.28</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 51000

Vehicles:

Car make <u>Jap</u>	Model <u>COMPASS</u>	Year <u>2019</u>	Mileage <u>46,000</u>	Value \$ <u>18,000</u>	<u>-4,000</u> <u>(22,000)</u> <u>owns.</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 \$ 7482.57

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: A. Sander Meeker Spouse's Signature: _____ Date: 4/15/2024

Telephone number: 978-877-3030 (Office use only) Reviewed by 64