

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>Mumper</b>	FIRST NAME <b>Roger</b>	INITIAL						
	PROPERTY OWNER'S LAST NAME <b>Mumper</b>	FIRST NAME <b>Josephine</b>	INITIAL <b>C</b>						
	MAILING ADDRESS <b>111 Rte 286 Lot 28</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>28 Robert Road</b>								
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>15</b>		BLOCK # <b>102</b>	LOT # <b>28</b>					
	<b>VETERANS' TAX CREDIT</b>			Granted/Denied Date					
	<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>			Granted Denied Date					
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>								
<b>Income Limits</b>		<b>Disabled Exemption</b>		<b>Elderly Exemption</b>		<b>Elderly Exemption Per Age Category</b>			
Single	\$		\$	44,000	65 - 74 years of age	\$	192,000		
Married	\$		\$	67,000	75 - 79 years of age	\$	204,000		
<b>Asset Limits</b>					80 + years of age	\$	240,000		
Single	\$		\$	250,000					
Married	\$		\$	250,000					
<b>OTHER EXEMPTIONS</b>									
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$	240,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Disabled Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$	_____	<input type="checkbox"/>	<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"/>			
<input type="checkbox"/>	Blind Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Deaf Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Elderly &amp; Disabled Tax Deferral</b>									
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$	_____	<input type="checkbox"/>	<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 COMMENTS/ NOTES</b>	Municipal Comments/Notes								
<b>STEP 4 SIGNATURES</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 PROCEDURE</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

RECEIVED  
APR 03 2024

Ed.

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

**OWNER AND APPLICANT INFORMATION**

Town of Seabrook Assessor's Office

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

OWNER: Josephine C. Mumper

APPLICANT'S LAST NAME: mumper APPLICANT'S FIRST NAME: Josephine MI: C. PHONE NUMBER: \_\_\_\_\_

APPLICANT'S LAST NAME: mumper APPLICANT'S FIRST NAME: Roger MI: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: 111 Rt 286 Lot 28

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

PROPERTY ADDRESS: 28 Robert Rd TAX MAP: 15 BLOCK: 102 LOT: 28

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

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

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: 1-13-38 10b. Spouse's Date of Birth: 10-25-1941

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)

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? \_\_\_\_\_

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.

Josephine C. Mumper SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 4-3-24

\_\_\_\_\_  
SIGNATURE (IN INK) OF PROPERTY OWNER DATE: \_\_\_\_\_

TAX MAP | BLOCK | LOT

280

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MAR 13 2024

Town of Seabrook  
Assessor's Office

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): JOSEPHINE C MUMPER - Roger mumper.

Mailing address: 111 RTE 286 LOT 28 28 Robert Rd.

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

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

Number of years owned residence: 5 I have been a legal resident of NH since: 20

Date of birth: 10/25/1941 Age: 82 Spouse's date of birth: 11/13/1938 Age: 85

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>26,675</u>	<u>19,127</u>	
b. Pension & Retirement	\$ <u>IRA 1614</u> <u>annuity met life ins.</u>	<u>Amundi + Merrill Lynch</u> <u>24.00</u>	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ <u>DIV 453.00 met life</u>	\$ _____	
f. Interest Income	\$ <u>31.00</u>	\$ _____	
	\$ <u>28,797</u>	\$ <u>19,127</u>	\$ <u>47,924</u>
	<b>Total Income</b>	<b>Total Income</b>	<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? N/A What is the living area of your unit? N/A

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.)  
 Life Insurance 4,370.00  
 Stocks 54,309.20  
 metlife/computer share

**YOU MUST SUBMIT VERIFICATION OF THESE AMOUNTS (CURRENT STATEMENTS WITH BALANCES)**

Savings Account: Institution BANK OF AMERICA <sup>10/6/21</sup> Value \$ 40598 ✓  
 Checking Account: Institution BANK OF AMERICA <sup>06/21</sup> Value \$ 6831 ✓  
 IRA: Institution BANK OF AMERICA Value \$ 6308.23  
 CD: Institution \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Type Checking Institution BANK OF AMERICA <sup>#589</sup> Value \$ 73809 ✓  
 Type Mutual Funds <sup>IRA</sup> Institution Amundi Value \$ 9613.70  
 " IRA " " " " " " " 11,500.18  
 Retirement - mem'll Lynch 6049.05  
 Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 3,000

Vehicles:

Car make HYUNDAI Model ELANTRA Year 2012 Mileage 55,000 Value \$ 5,000  
 Car make ACURA Model \_\_\_\_\_ Year 1998 Mileage 170,000 Value \$ 3,000  
 Boat make N/A Model \_\_\_\_\_ Year \_\_\_\_\_ Mileage \_\_\_\_\_ Value \$ \_\_\_\_\_  
 RV make N/A Model \_\_\_\_\_ Year \_\_\_\_\_ Mileage \_\_\_\_\_ Value \$ \_\_\_\_\_

Real Estate: Other than your occupied NH Residence

Property type N/A In town & State \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Property type N/A In town & State \_\_\_\_\_ Value \$ \_\_\_\_\_

Total of all assets \$ 229,388.36

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: Jacqueline C. Mumpson Spouse's Signature: Karen Mumpson Date: 3/5/2024

Telephone number: 603-814-1824 (Office use only) Reviewed by CE

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APR 03 2024

Town of Seabrook Assessor's Office

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

CERTIFICATE OF MARRIAGE

This certificate must be delivered to the person before whom the marriage is to be contracted before he proceeds to solemnize the same

(City or town making return)

1 Place of Marriage



City or Town \_\_\_\_\_ 2 Date of Marriage \_\_\_\_\_  
(Do not enter name of village or section of city or town) (Month) (Day) (Year)

Registered No. \_\_\_\_\_ Intention No. 20

3 FULL NAME GROOM <b>ROGER LEE MUMPER</b>		13 FULL NAME BRIDE <b>JOSEPHINE CAMILLA SPINALE</b> (Also maiden name, if widowed or divorced)	
4 AGE AT LAST BIRTHDAY <b>22</b> (Years)	5 <b>white</b> COLOR	14 AGE AT LAST BIRTHDAY <b>19</b> (Years)	15 <b>white</b> COLOR
6 RESIDENCE <b>170 E. Willow St. Elizabethtown, Pa.</b>		16 RESIDENCE <b>88 Roberts Rd. Medford, Mass.</b>	
7 NUMBER OF MARRIAGE <b>first</b> (1st, 2d, 3rd, etc.)	8 WIDOWED OR DIVORCED	17 NUMBER OF MARRIAGE <b>first</b> (1st, 2d, 3rd, etc.)	18 WIDOWED OR DIVORCED
9 OCCUPATION <b>Milkman</b>		19 OCCUPATION <b>Clerical work</b>	
10 BIRTHPLACE <b>Elizabethtown Pa.</b> (City or town) (State or country)		20 BIRTHPLACE <b>Boston Mass.</b> (City or town) (State or country)	
11 NAME OF FATHER <b>Lionel Mumper</b>		21 NAME OF FATHER <b>Gaetano Spinale</b>	
12 MAIDEN NAME OF MOTHER <b>Rebecca Bishop</b>		22 MAIDEN NAME OF MOTHER <b>Anna Spinale</b>	

23 THE INTENTION OF MARRIAGE by the above-named persons was duly entered by me in the records of the City of Medford according to law, this 13th day of Jan 1961.  
Certificate issued Jan 16 1961 by Hugh Lyons  
(Name of city or town) (Month) (Day) (Year) (City or Town Clerk or Registrar)

24 I HEREBY CERTIFY that I joined the above-named persons in marriage at No. St. Raphael's Church West Medford, Mass. on January 21, 1961  
(Name of city or town) (Month) (Day) (Year)  
Rev. Francis A. O'Hara Official station Catholic Priest  
(Minister of the Gospel, Clergyman, Priest, Rabbi, or Justice of the Peace)  
Print or type signature  
Residence No. 38 Boston Ave. St., City or Town of West Medford

25 Certificate received by city or town clerk JAN 26 1961  
(Month) (Day) (Year) CITY OR TOWN CLERK OR REGISTRAR

MEDICAL CERTIFICATE RECEIVED

78N-10-88-9-61

I, Edward P. Finn, depose and say, that I hold the Office of the City Clerk of said Medford, County of Middlesex, Commonwealth of Massachusetts and that the records of Births, Deaths and Marriages in said City are in my custody and that the above is a true extract from said records, as certified by me.

WITNESS my hand and seal of said City, on the \_\_\_\_\_ 16 th day of July 2003

Edward P. Finn City Clerk