



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

APR 1 2023

Eld.

**STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER: Sally A. Palis

APPLICANT'S LAST NAME: Palis APPLICANT'S FIRST NAME: Sally MI: A. If required, is a PA-33 on file?  YES  NO

APPLICANT'S LAST NAME: Palis APPLICANT'S FIRST NAME: Sally MI: A. PHONE NUMBER:                     

MAILING ADDRESS: 92 Whip-poor-Will St

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

PROPERTY ADDRESS: 92 Whip-poor-Will St. TAX MAP: 14 BLOCK: 6 LOT: 88.

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

**STEP 2 VETERANS' TAX CREDITS AND EXEMPTION**

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**

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: 284308 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)

**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.

Sally A. Palis April - 8 - 2023

SIGNATURE (IN INK) OF PROPERTY OWNER DATE

SIGNATURE (IN INK) OF PROPERTY OWNER DATE

TAX MAP | BLOCK | LOT

280

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

**RECEIVED**

APR 28 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): Sally A Palis

Mailing address: 92 Whip Poor Will St Seabrook NH

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

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

Number of years owned residence: 11/10 I have been a legal resident of NH since: 11/10

Date of birth: 2-8-1943 Age: 81 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>38,072.40</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income: <u>IRA</u>	<u>\$ Lincoln Finan 1823.00</u>	_____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>39,895.40</u>	\$ _____	<u>39,895.40</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? 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>of Savings</u>	Value \$ <u>10.00</u>
Checking Account:	Institution <u>of Savings</u>	Value \$ _____
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type _____	Institution _____	Value \$ _____
Type <u>IRA</u>	Institution <u>Lincoln Financial</u>	Value \$ <u>19,487.13</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 3,000

Vehicles:

Car make <u>hyundai</u>	Model <u>venue</u>	Year <u>2003</u>	Mileage <u>8,000</u>	Value \$ <u>Lease 0</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 \$ \_\_\_\_\_

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: Sally A. Palis Spouse's Signature: \_\_\_\_\_ Date: April 8-2004

Telephone number: 978-314-5660 (Office use only) Reviewed by CS