

E80 2025

E75

TAX MAP | BLOCK | LOT

PROPERTY OWNER NAME

OWNER NAME

25 Pennine Ave Unit #6

CITY/TOWN Sabrook STATE NH ZIP CODE 03874

PROPERTY ADDRESS 6 Ash Ct TAX MAP 8 BLOCK 13 LOT 6

IS THIS YOUR PRIMARY RESIDENCE? YES NO

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: []

4. Date of Entry: []

5. Date of Discharge/Release (if applicable): []

6. Name of Allied Country Served in: []

7. Branch of Service: []

8. Please Check One:

US Citizen at time of entry into Service

Alien but resident of NH at time of entry into Service

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 MMDDYY) 10a. Applicant's Date of Birth 10-2-44 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)

Disabled Exemption (RSA 72:37-b)

Solar Energy Systems Exemption (RSA 72:62)

Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)

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 (Dead) 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 2 VETERANS' AND TAX CREDITS EXEMPTION

STEP 3 EXEMPTIONS

STEP 4 RESIDENCY

STEP 5 OWNERSHIP

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: [Signature]

DATE: []

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE



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 Bank prv Value \$ 02
 Checking Account: Institution Bank prv Value \$ 144.05

IRA: Institution _____ Value \$ _____

CD: Institution _____ Value \$ _____

Type Institution _____ Value \$ _____

Type Institution _____ Value \$ _____

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

Vehicles: Brick Model koenig Year 2009 Mileage 114,000 Value \$ 3870

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 Single Fam In town& State _____ Value \$ 239,300

Property type _____ In town& State _____ Value \$ _____
 Total of all assets \$ 245,714.07

wear 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: _____

Sue McArthur

Spouse's Signature: _____

Date: 8-24-04

Telephone number: 895-6354

(Office use only) Reviewed by GC

