

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR
TAX DEFERRAL APPLICATION****STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER	CHARLES J MORRISON		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	MORRISON	APPLICANT'S FIRST NAME	CHARLES	MI	J	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	PO BOX 1063					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed 147 GARDEN ST						
TAX MAP	14	BLOCK	6	LOT	20	

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL**VETERANS' TAX CREDITS / EXEMPTION**

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s)				
<input type="checkbox"/> Other Information				
<input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the <input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse	GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>		

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single			44000.00	65-74 years of age 192000.00
Married			67000.00	75-79 years of age 204000.00
Asset Limits				80+ years of age 240000.00
Single			250000.00	
Married			250000.00	

STANDARD and LOCAL OPTIONAL EXEMPTIONS (when previously adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	204000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	

ELDERLY / DISABLED TAX DEFERRAL

<input type="checkbox"/> Elderly & Disabled Tax Deferral	GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>	AMOUNT	DATE
For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)				

STEP 3 COMMENTS / NOTES

Municipal Notes

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR
TAX DEFERRAL APPLICATION****MUNICIPAL AUTHORIZATION****STEP 4 SIGNATURES**

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
Harold Eaton, Chairman		
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
Theresa Kyle		
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
Srinivasan Ravikumar		
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
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PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE

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 1** following the date of notice of tax as defined in RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the Superior Court in the county where the property is located. **Example:** If you were denied an exemption from your 2014 property taxes, you have until September 1, 2015, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at www.nh.gov/btla; or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

INSTRUCTIONS**STEP 1 PROPERTY OWNER'S INFORMATION**

Please type or print the property owner(s) name and address in the spaces provided. Also enter the property address, tax map, block and lot numbers of the property for which the exemption, tax credit or tax deferral is claimed.

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

Check the Tax Credit(s) / Exemption(s) / Tax Deferral box(es) which apply to the property listed in Step 1.

Check the box(es) Granted or Denied which apply.

Place the amount of the Tax Credit / Exemption / Tax Deferral which was granted or denied.

Place the date the Tax Credit / Exemption / Tax Deferral was granted or denied.

For those exemptions having income or asset limitations, the municipal assessing officials may request true copies of any documents needed to verify eligibility.

All documents and copies of such documents submitted by the applicant shall be returned to the applicant after a decision is made on the application.

STEP 3 COMMENTS / NOTES

Optional space to place any notes or comments which the applicant should be made aware of.

STEP 4 SIGNATURES

Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

JAN 16 2025

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS		OWNER AND APPLICANT INFORMATION				
		OWNER <u>Charles J. Morrison + Derel Morrison</u>		If required, is a PA-33 on file? <input type="radio"/> YES <input checked="" type="radio"/> NO		
		APPLICANT'S LAST NAME <u>Morrison</u>	APPLICANT'S FIRST NAME <u>Charles</u>	MI <u>J.</u>	PHONE NUMBER	
		APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER	
		MAILING ADDRESS <u>P.O. Box 1043</u>				
		CITY/TOWN <u>Seabrook</u>				
		STATE <u>NH</u> ZIP CODE <u>03874</u>				
		PROPERTY ADDRESS <u>147 Garden St</u>		TAX MAP <u>14</u>	BLOCK <u>6</u>	LOT <u>20</u>
		IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO				
		VETERAN'S INFORMATION				
		1. APPLICANT IS THE: <input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse 2. APPLYING FOR: <input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) <i>If Adopted by Town</i> Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000) <input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "of any person who was killed or died while on active duty") <input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) <i>If Adopted by Town</i> (\$50 up to \$500) <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)				
3. Veteran's Name <u></u>		Dates of Military Service Enter (MMDDYYYY)		4. Date of Entry <u></u>	5. Date of Discharge/Release (if applicable) <u></u>	
IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)						
6. Name of Allied Country Served in <u></u>		7. Branch of Service <u></u>				
9. Does any other eligible Veteran own interest in this property? YES <input type="radio"/> NO <input type="radio"/> If YES, provide name <u></u>		8. Please Check One. <input type="radio"/> US Citizen at time of entry into Service <input type="radio"/> Alien but resident of NH at time of entry into Service				
STEP 3 EXEMPTIONS		STANDARD EXEMPTIONS				
		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) (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth <u>6-18-47</u> 10b. Spouse's Date of Birth <u></u>				
		11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)				
		12. <input type="checkbox"/> Blind Exemption (RSA 72:37)				
STEP 4 RESIDENCY		LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)				
		13. <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85) <input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:86) <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:82) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70) <input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)				
		14. <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 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 <input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)				
		15. Do you own 100% interest in this residence? <input type="radio"/> Yes <input checked="" type="radio"/> No If NO, what percent (%) do you own? <u></u>				
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 <u>Charles J. Morrison</u>				DATE <u>1-16-25</u>
		SIGNATURE (IN INK) OF PROPERTY OWNER				DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

NH
2024
E75

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
14	6	20		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Reviewed documents submitted by applicant (list documents reviewed)						
<input type="checkbox"/> Other Information						

VETERANS' EXEMPTION

☐ Certain Disabled Veterans' Exemption GRANTED ☐ DENIED ☐

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Single				65-74 years of age
Married				75-79 years of age
Asset Limits				80+ years of age
Single				
Married				

STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	204,000	<input checked="" type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Blind Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Deaf Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Disabled Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems		<input type="radio"/>	<input type="radio"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

- ☐ * List of assets, value of each asset, net encumbrance and net value of each asset.
 ☐ * State Interest and Dividends Tax Form.
- ☐ * Statement of applicant and spouse's income.
 ☐ * Property Tax Inventory Form filed in any other town.
- ☐ * Federal Income Tax Form.

* Documents are considered confidential and must be returned to the applicant once a decision is made on the application.

Municipal Notes

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL Harold Eaton, Chairman	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL Theresa Kyle	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL Samarasan Ravikumar	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE

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.

RECEIVED

JAN 15 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Charles Jackson Morrison

Mailing address: PO Box 1063 Seabrook NH 03874
147 Garden St.

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

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

Number of years owned residence: 19 I have been a legal resident of NH since: 2000

Date of birth: 6-18-47 Age: 77 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>31,560</u>	\$ _____
b. Pension & Retirement	\$ _____	\$ _____
c. Wages:	\$ _____	\$ _____
d. Rental Income:	\$ _____	\$ _____
e. Other Income:	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____
	\$ <u>31,560</u>	\$ _____
	Total Income	Total Income
		<u>31,560</u>
		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)

Money market Savings Account: Institution Santander Value \$ 75,055.61

Checking Account: Institution Santander Value \$ 4075.58

IRA: Institution _____ Value \$ _____

CD: Institution _____ Value \$ _____

Type _____ Institution _____ Value \$ _____

Type _____ Institution _____ Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 1,000

Vehicles:

Car make Kia Model Porte Year 2014 Mileage 40,000 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 \$ 81,131.19

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: Charles Monico Spouse's Signature: _____ Date: 1-11-25

Telephone number: 603 474 3536

(Office use only) Reviewed by CP

