

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR  
TAX DEFERRAL APPLICATION

## STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	ROSEMAY & ANDREW GLEASON		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	GLEASON	APPLICANT'S FIRST NAME	ROSEMARY	MI	<input type="checkbox"/>	
APPLICANT'S LAST NAME	GLEASON	APPLICANT'S FIRST NAME	ANDREW	MI	<input type="checkbox"/>	
MAILING ADDRESS	25 PERKINS AVE #72					
CITY/TOWN	SEABROOK	STATE	NH	ZIPCODE	03874	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	72 LILLIAN AVE					
TAX MAP	8	BLOCK	13	LOT	72	

## 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	192000.00	<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

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS		OWNER AND APPLICANT INFORMATION				
		OWNER		If required, is a PA-33 on file?		
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI	PHONE NUMBER
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI	PHONE NUMBER
		MAILING ADDRESS				
		CITY/TOWN				
		STATE				
		PROPERTY ADDRESS		TAX MAP	BLOCK	LOT
		IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
		VETERAN'S INFORMATION				
		1. APPLICANT IS THE:				
		2. APPLYING FOR:				
		3. Veteran's Name				
		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				
		8. Please Check One.				
		9. Does any other eligible Veteran own interest in this property?				
		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)				
		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)				
		14. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)				
		15. Do you own 100% interest in this residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, what percent (%) do you own?				
		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 (IN INK) OF PROPERTY OWNER				
		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.

**1) Personal Information**

Applicant's name(s): Higgins-Gleason Rosemary and Andrew Gleason

Mailing address: 25 Perkins Ave Unit 72 Taillon Ave.

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

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

Number of years owned residence: 21 I have been a legal resident of NH since: 2003

Date of birth: 9-1-59 Age: 65 Spouse's date of birth: 4-26-60 Age: 64

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>10,200</u>	\$ <u>15,096</u>
b. Pension & Retirement	\$ <u>0</u>	\$ <u>0</u>
c. Wages:	\$ <u>0</u>	\$ <u>0</u>
d. Rental Income:	\$ <u>0</u>	\$ <u>0</u>
e. Other Income:	\$ <u>0</u>	\$ <u>0</u>
f. Interest Income	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>10,200</u>	\$ <u>15,096</u>
	<b>Total Income</b>	<b>Total Income</b>

**RECEIVED**

FEB 11 2025

Town of Seabrook  
Assessor's Office

1,850  
+ 1,258  
2,108  
A month for 2024

New Years  
Income level  
1289  
871  
2,160.00  
per month

25,296.00  
Total of all Income Per month...

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>EASTERN BANK #9953</u>	Value \$	<u>591.28</u>
Checking Account:	Institution	<u>EASTERN BANK #0160</u>	Value \$	<u>1162.74</u>
IRA:	Institution	_____	Value \$	_____
<del>CD</del>	Institution	<u>" #7505</u>	Value \$	<u>285.12</u>
Type <u>SAV</u>	Institution	<u>" #8771</u>	Value \$	<u>124.80</u>
Type <u>SAV</u>	Institution	<u>#9982</u>	Value \$	<u>8,002.32</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 10,000<sup>00</sup>

#### Vehicles:

Car make Volvo Model S80 2.9 Year 1999 Mileage 97,000 Value \$ 2,200

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 \$ 21,276.26

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: X Rosemary Higgins-Glessner Spouse's Signature: Andrew Glessner Date: JAN 1<sup>st</sup> 2025

Telephone number: 603-395-6875

(Office use only) Reviewed by GC