FORM PA-35

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR TAX DEFERRAL APPLICATION

STEP 1 OWNER AN	ND APPLICANT INFORMATION	V			
OWNER ROSEMAY & ANDREW GLEASON			If required, is a PA-33 on file? YES		
APPLICANT'S LAST NAME GLEASON		APPLICANT'S FIRST NAM	NE ROSEMARY	мі []	
APPLICANT'S LAST NAME	GLEASON	APPLICANT'S FIRST NAM	ANDREW	MI T	
MAILING ADDRESS 25	PERKINS AVE #72		3.2.3.3		
CITY/TOWN SE	ABROOK		STATE NH ZIPC	ODE 03874	
PROPERTY ADDRESS for w	vhich Tax Credit / Exemption / Deferral i	s claimed 72 LILLIAN AVE			
TAX MAP 8	BLOCK 13 LOT 72				
STEP 2 TAX CRED	ITS / EXEMPTIONS / TAX DEF	ERRAL	<u> </u>	ATTACHMENT AS INCHES AND A TO	
	VETERANS' T	AX CREDITS / EXEMP	TION		
			AMOUNT GRANTED DE	NIED DATE	
☐ Veterans' Tax Credit R	SA 72:28 (Standard \$50; Optional \$51 up to \$	750)		j i	
그리는 10일 시간 사람들은 그리고 있다. 그리고 있었다.	lt RSA 72:28-b (Standard \$50; Optional \$51 u	20 이 병원 녀, 배고하는 원병하다 그 모르다. 그리트스			
다리 사 <mark>로 보다 하</mark> 셨습니다. 그는 그들은 사람들은 사람들은 사람들은 사람들이 되었다. 기계를 다 되었다.	connected Total Disability (Standard \$700	의 경기를 하는 것이 하다 보는 경기를 하는 것이 모든 경기를 했다.			
그럼 	Credit (Standard \$700; Optional \$701 up to \$ Service RSA 72:28-c (\$50 up to \$500)	(2,000)		-	
Review Applicable Disc					
Other Information			A state of the sta		
Certain Disabled Vetera	ans' Exemption Filing As the 🔲 Ve	teran Surviving Spouse	GRANTED DENIED		
APPLIC.	ABLE ELDERLY, DISABLED AN	ND DEAF EXEMPTION	INCOME AND ASSET LIMIT	S	
	CONTACT YOUR MUNIC	CIPALITY FOR INCOME AND AS	SET LIMITS		
당한 10명이 있는 사람들은 것이 하다는 것은 사람 <mark>이 그 보다의 10명이다. 그리다</mark>	xemption Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Cat	egory	
Single		44000.00 6	5-74 years of age 192000.00		
Married		67000.00	5-79 years of age 204000.00		
Asset Limits			0+ years of age 240000.00		
Single Married		250000.00			
Wanted		250000.00			
STAN	NDARD and LOCAL OPTIONAL	EXEMPTIONS (when pro	eviously adopted by the City/Town)		
Carally Commenced Commenced		862	AMOUNT GRANTED DENIE	D DATE	
Elderly Exemption			192000.00		
Improvements to Assist	Persons with Disabilities				
Blind Exemption					
Deaf Exemption	ANT CONTROL OF THE CO				
Disabled Exemption		00-10-10-10-10-10-10-10-10-10-10-10-10-1			
Electric Energy Storage					
Solar Energy Systems E					
Woodheating Energy Systems Exemption					
Wind-powered Energy S		<u> </u>			
		DISABLED TAX DEFER			
Elderly & Disabled Tax	Deferral GRA	NTED DENIED	AMOUNT DA	ATE L	
For Deferrals: This page mus in RSA 72:1-d, by first class it	st be returned to the property owner afte	r approval or denial, on or be	fore July 1, following the date of Noti	ce of Tax as defined	
STEP 3 COMMENT	S/NOTES				
		Municipal Notes		1	

FORM PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

	DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE						
STEP 1	OWNER AND APPLICANT INFORMATION						
OWNER AND	OWNER If required, is a PA-33 on file?						
APPLICANT	Rosement Andrew Greason YES NO						
NAME	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER 10%						
AND ADDRESS	GIRCASON Resement						
110011200	APPLICANT'S LAST NAME APPLICANT'S FIRŞT NAME MI PHONE NUMBER						
	Gleason. Andrew						
	MAILING ADDRESS						
	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER APPLICANT'S FIRST NAME MILING ADDRESS 25 PERKINS AL # 72 CITY/TOWN STATE ZIP CODE						
	CITY/TOWN STATE ZIP CODE						
	Sectional NA 63874						
	PROPERTY ADDRESS TAX MAP BLOCK LOT						
	72 hillian Are / 8 13 72						
	IS THIS YOUR PRIMARY RESIDENCE? YES NO						
	VETERAN'S INFORMATION						
STEP 2							
VETERANS'	1. APPLICANT IS THE: 2. APPLYING FOR:						
TAX CREDITS AND	Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)						
EXEMPTION	Spouse All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)						
	Surviving Spouse Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)						
	Lead .						
	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 4. Date of Entry 5. Date of Discharge/Release (if applicable)						
	Dates of Military Service 4. Date of Entry 5. Date of Discharge/Release (if applicable)						
	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? 8. Please Check One.						
	YES NO If YES, provide name US Citizen at time of entry into Service						
	Alien but resident of NH at time of entry into Service						
	STANDARD EXEMPTIONS						
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) (14)						
	(Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth 7-1-57 (1906). Spouse's Date of Birth 4-26-60						
	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 72:62) Woodheating Energy Systems Exemption (RSA 72:70)						
	hammed 57						
	Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)						
STEP 4	14. NH Besident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)						
RESIDENCY	MH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed						
	Negative Transfer of the Control of						
	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	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.						
SIGNATURES	4 2/11/7/						
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE						
	SIGNATURE (IN INK) OF PROPERTY OWNER 1 1 2 2 5 1 3 5						
and the c	AIGNATURE (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 Informatio	n Higgins-61	e950M	RECEIVED
Applicant's name(s):	Rosemary and	eason Andrew Gleason	LITTIGO FEB 11 325
Mailing address: 25	Perkins	Ave Unit 72 72	Assessor's Office
•		Widow(er):	Assessor's Office
•		ts: w/other(s) Trust:	
		I have been a legal resident of N	
		Spouse's date of birth: 4-26-60	
•		ed NH residence? \mathcal{NO} (If yes,	Diago attach tay hill)
2) Income Information (+ 1258
	The state of the s	L THE FOLLOWING MUST BE SUBMITTI	7/00
	Applicant	Applicant's Spouse	A month fer
a. Social Security:	\$ 10,200	\$ 15,096	Wew Years Wysers level
b. Pension & Retirement	\$	\$ O	Vy come level
c. Wages:	\$O	\$ 0	12.99
d. Rental income:	\$	ş <i>0</i>	871
e. Other income:	\$	\$ <i>O</i>	Jer Month
. Interest income	\$ <i>O</i>	\$O	per
	\$ 10,200	\$ 15,096	8 (25,296.
•	Total Income	Total Income	Total of all Income Per Munth.
are you required to file an provide a copy of your ret		s tax return to the State of New Hamps	
re you required to file an roome tax return. If no, plerification purposes	IRS tax return? $\underline{\qquad \qquad }$ lease sign the attached	$\frac{10}{100}$ (if yes, please provide a copy of form 8821 authorizing the Town of Se	f your most recent federal eabrook to contact the IRS for

SO F DESCRI				,	•	
а. Туре	of property for wh	ich exemption is claim	ed: Single	e Family M	ulti-family	
b. İf mı	ılti-family, in which	unit do you reside?		What is the living area	of your unit?	
Assets: Please I Savings cars, etc	ist all assets owned Accounts or Investr	(self & Spouse) nents/Certificates: (CD	oʻs, stocks,	bonds, IRA's, annuitie	s, travel trailers, RV's, boats, anti	ques,
	<u>YOU MUST SI</u>	IBMIT VERIFICATION OF	THESE AM	<u>OUNTS (CURRENT STAT</u>	EMENTS WITH BALANCES)	
	Savings Account:	Institution <u>Eqs</u>	TERN	BANK # 9963	Value \$ 501.28	
	Checking Account:	Institution <u>Eag</u>	FERN	BANKEONED	Value \$ 162-74 ",	
	IRA:	Institution			Value \$	
	-CD+-	Institution ℓ^4	anganggapan pakamanah kapan sa tanggapan pangan	11-47505	Value \$ 285.12.	
	Type Sow.	_ Institution	·	11 15 8771	Value \$ 124.80	
	Type Say	Institution		# 9980	Value \$ 8,002.32	
Vehicles Car make	1/0/00			/	7000_Value \$_3,200	>
Car make	,	Model	Year	Mileage	Value \$	
Boat make		Model \(\)	Year	Mileage	Value \$	
RV make_		Model	Year	Mileage	Value \$	_
Real Estate	Other than your occ	upied NH Residence				
Property ty	pe	In town& State			lue \$	
Property typ	pe	In town& State		Va	ue \$	
	•			Total of all ass	ets \$21, 276.26.	ĺ
I swear unde knowledge. agent of the information. Applicant'	er penalty of perjury, I further authorize an Town of Seabrook As s Signature:	that all the above is corry agency or financial insisessor's Office. I release	rect and acception to all person with a second seco	curate accounting of my release information abo s whomsoever from any war. Signature: Makey	financial condition to the best of my ut me or copies of my records to any liability resulting from the release of Many Date: Jan Th. 200	this
Telephone	number: <u>605 -</u>	595 - 6875		(Office use only) Re	eviewed by $_{-}G^{\mathcal{C}}$.	