

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

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	GERTRUDE TIBBETTS REVOCABLE TRUST		If required, is a PA-33 on file?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
APPLICANT'S LAST NAME	TIBBETTS	APPLICANT'S FIRST NAME	GERTRUDE	MI	P	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	5 FOREST DRIVE					
CITY/TOWN	SEABROOK		STATE	NH	ZIP CODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	5 FOREST DRIVE					
TAX MAP	9	BLOCK	142	LOT		

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	240000.00	<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

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
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI
		MAILING ADDRESS		PHONE NUMBER	
		CITY/TOWN		STATE	ZIP CODE
		PROPERTY ADDRESS		TAX MAP	BLOCK
		PROPERTY ADDRESS		TAX MAP	BLOCK
		PROPERTY ADDRESS		TAX MAP	BLOCK
		PROPERTY ADDRESS		TAX MAP	BLOCK
		PROPERTY ADDRESS		TAX MAP	BLOCK
		IS THIS YOUR PRIMARY RESIDENCE?			
		IS THIS YOUR PRIMARY RESIDENCE?			
		IS THIS YOUR PRIMARY RESIDENCE?			
		IS THIS YOUR PRIMARY RESIDENCE?			
		IS THIS YOUR PRIMARY RESIDENCE?			
		VETERAN'S INFORMATION			
		1. APPLICANT IS THE:		2. APPLYING FOR:	
		1. APPLICANT IS THE:		2. APPLYING FOR:	
		1. APPLICANT IS THE:		2. APPLYING FOR:	
		1. APPLICANT IS THE:		2. APPLYING FOR:	
		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.			
		8. Please Check One.			
		8. Please Check One.			
		8. Please Check One.			
		8. Please Check One.			
		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)			
		10a. Applicant's Date of Birth			
		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)			
		13. Deaf Exemption (RSA 72:38-b)			
		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)			
		14. NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed			
		14. 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?			
		15. Do you own 100% interest in this residence?			
		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			
		SIGNATURE (IN INK) OF PROPERTY OWNER			
		SIGNATURE (IN INK) OF PROPERTY OWNER			

Betsy 603-918-7630.

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

RECEIVED

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.

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Gertude P. Tibbets

Mailing address: 5 Forest Dr. Seabrook, N.H. 03874

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

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

Number of years owned residence: 56.5 yrs I have been a legal resident of NH since: 1967

Date of birth: 10/7/39 Age: 85 Spouse's date of birth: n/a 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>27,084</u>	\$ _____
b. Pension & Retirement	\$ _____	\$ _____
c. Wages:	\$ _____	\$ _____
d. Rental Income:	\$ _____	\$ _____
e. Other Income:	\$ <u>2540 unemployment</u>	\$ _____
f. Interest Income	\$ _____	\$ _____
	\$ <u>29,624.00</u> Total Income	\$ _____ Total Income
		<u>29,624</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)

Savings Account:	Institution <u>BANK PROV.</u>	Value \$ <u>30.02.</u>
Checking Account:	Institution <u>BANK PROV.</u>	Value \$ <u>193.37</u>
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 <u>Ford</u>	Model <u>escape</u>	Year <u>2013</u>	Mileage <u>82,000</u>	Value \$ <u>5,500</u>
Car make _____	Model _____	Year _____	Mileage _____	Value \$ _____
Boat make _____	Model _____	Year _____	Mileage _____	Value \$ _____
trailer RV make _____	Model <u>utility</u>	Year <u>2006</u>	Mileage _____	Value \$ <u>500</u>

Real Estate: Other than your occupied NH Residence

Property type <u>N/A</u>	In town & State _____	Value \$ _____
Property type <u>N/A</u>	In town & State _____	Value \$ _____

Total of all assets \$ 7,308.39.

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: Betsy Tibbitts Spouse's Signature: N/A Date: 2-10-25

Telephone number: 603-944-0182 (Office use only) Reviewed by: CL

Betsy 603-918-7630

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR
TAX DEFERRAL UNDER RSA 72:33, V
(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE

TYPE OR PRINT

OWNER	<u>Gertrude P. Tibbetts</u>		
APPLICANT'S LAST NAME	<u>Tibbetts</u>	APPLICANT'S FIRST NAME	<u>Gertrude</u> MI <u>P</u>
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
MAILING ADDRESS	<u>5 Forest Drive</u>		
CITY/TOWN	<u>Seabrook</u>	STATE	<u>NH</u> ZIP CODE <u>03874</u>
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed <u>5 Forest Drive</u>			

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- ☒ Grantor/Revocable Trust
☐ Equitable Title holder or
☐ Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
 (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
 (c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above): Gertrude P. Tibbetts Revoc Trust

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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.

Gertrude P. Tibbetts
SIGNATURE (IN INK)

Gertrude P. Tibbetts
PRINT NAME

2/10/25
DATE

X

SIGNATURE (IN INK)

PRINT NAME

DATE

603-941-0182
TELEPHONE NUMBER

WHO MUST FILE	To be completed by property owners wishing to establish their status as grantor of a revocable trust, holding equitable title or the beneficial interest of a trust, or a life estate in a property. RSA 72:29, VI. For purposes of RSA 72:28, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
WHEN TO FILE	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered.