

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

OWNER	PATRICIA ANDERSON		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	ANDERSON	APPLICANT'S FIRST NAME	PATRICIA	MI	<input type="checkbox"/>	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI	<input type="checkbox"/>	
MAILING ADDRESS	188 ORCHARD ST					
CITY/TOWN	SEABROOK	STATE	NH	ZIPCODE	03874	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	188 ORCHARD ST					
TAX MAP	14	BLOCK	6	LOT	51	

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			48000.00	65-74 years of age	230000.00
Married			71000.00	75-79 years of age	260000.00
Asset Limits				80+ years of age	310000.00
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	230000.00	<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

RECEIVED
APR 15 2025

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

Town of Seabrook
Assessor's Office

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION			
	OWNER		If required, is a PA-33 on file?	
	<u>Patricia Anderson</u>		<input type="radio"/> YES <input type="radio"/> NO	
	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER
	<u>Anderson</u>	<u>Patricia</u>		
	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI	PHONE NUMBER
	MAILING ADDRESS			
	<u>188 Orchard St</u>			
	CITY/TOWN		STATE	ZIP CODE
<u>Seabrook</u>		<u>NH</u>	<u>03874</u>	
PROPERTY ADDRESS		TAX MAP	BLOCK LOT	
<u>188 Orchard St.</u>		<u>14</u>	<u>6</u> <u>51</u>	
IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO				
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION			
	1. APPLICANT IS THE:		2. APPLYING FOR:	
	<input type="radio"/> Veteran		<input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)	
	<input type="radio"/> Spouse		<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="radio"/> Surviving Spouse		<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		Dates of Military Service Enter (MMDDYYYY)	4. Date of Entry
IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)		5. Date of Discharge/Release (if applicable)		
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		<input type="radio"/> US Citizen at time of entry into Service		
<input type="radio"/> <input type="radio"/> <u></u>		<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>10-26-54</u> 10b. Spouse's Date of Birth <u>08-15-54</u>			
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)			
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)			
	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 72:66)			
	<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) <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)			
STEP 4 RESIDENCY	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			
STEP 5 OWNERSHIP	<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 checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <u></u>			
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.			
	<u>Patricia Anderson</u>		<u>4/15/25</u>	
	SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	
SIGNATURE (IN INK) OF PROPERTY OWNER		DATE		

ELW

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): Patricia Anderson

Mailing address: 188 Orchard Street Seabrook NH

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

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

Number of years owned residence: 2020 - 5 yr. I have been a legal resident of NH since: 2020

Date of birth: 10/26/59 Age: 65 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>NONE</u>	\$ _____	
b. Pension & Retirement	\$ <u>Still working</u>	\$ _____	
c. Wages:	\$ <u>37,950.00</u>	\$ _____	
d. Rental Income:	\$ <u>NONE</u>	\$ _____	
e. Other Income:	\$ <u>NONE</u>	\$ _____	
f. Interest Income	\$ <u>NONE</u>	\$ _____	
	\$ <u>37,950.00</u>	\$ _____	
	Total Income	Total Income	Total of all Income
			<u>37,950.00</u>

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.)

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APR 15 2025
Town of Seabrook
Assessor's Office

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 _____	Value \$ _____
Checking Account:	Institution <u>DCU (DIGITAL CREDIT UNION)</u>	Value \$ <u>159.37</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution _____	Value \$ _____
Type <u>Sav.</u>	Institution <u>DCU</u>	Value <u>11.17</u>
Type <u>Sav.</u>	Institution <u>Service CU</u>	Value \$ <u>32.53</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 3,000.00

Vehicles:

Car make Hyundai Model Tucson Year 2020 Mileage 74 Value \$ 15,529.00

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 \$ 18,732.07

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: Patricia Anderson Spouse's Signature: _____ Date: 4/15/2025

Telephone number: 978-880-1126

(Office use only) Reviewed by GC