FORM PA-35

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

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

STEP 1 OWN	IER AND API	LICANT IN	FORMATION		_					
OWNER PATRICIA ANDERSON					, , , , , , , , , , , , , , , , , , , ,	If required, is a PA-33 on file?				
APPLICANT'S LAST NAME ANDERSON				APPLICANT'S	E PATRICIA	PATRICIA			= мі Г= і	
APPLICANT'S LAST NAME APPLICANT'S FIR				FIRST NAM	E .				T <sub>M</sub> T	
MAILING ADDRESS	188 ORCHAI	RD ST		MASSAC (1883)	1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994			······································		and (16, 16, 73) barrangan d. (2) 1
CITY/TOWN	SEABROOK					s.	TATE	NH	ZIPCODE	03874
PROPERTY ADDRE	SS for which Ta	Credit / Exemp	ption / Deferral is	claimed 188 O	RCHARD ST				distribution de la company	
TAX MAP 14	BLOCK	6	LOT 51							
STEP 2 TAX	CREDITS / E	XEMPTIONS	S / TAX DEFI	ERRAL	/	<u> Admirjani i Artik Byll</u>	<u> (1440) (146)</u>			despectares venest a
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☐ Veterans' Tax (	Credit RSA 72:28	(Standard \$50; O;	otional \$51 up to \$7	750)			a lawaii dan	П		47 1,81 - 87 5 1,51 1,52 - 1 2
	ax Credit RSA 72:	네.요. 아니라 하는 나는데 지수야		(A) Space (Section 1) (1) (A) (A) (A) (A)						
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	Combat Service I		up to \$500)					Ш	$ \bot$ $\bot$	
Other Informati	able Discharge P	apers Form(s)								
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Married		71				75-79 years of age 26000.00				<del></del>
Asset Limits						0+ years of a		310000.0		
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in RSA 72:1-d, by firs	st class mail. (RS	A 72:34, IV)	oerty owner arter	approvar or uer	ııaı, un ur bei	ore July 1; ic	MOWING I	ne date t	or Motice of	rax as delilled
STEP 3 COM	MENTS / NO	TES	respectables (1985). April	1929-1914-194 <u>6-19</u>		verse se estados.				
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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPT

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XEMPTIONS	ADD	4000

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE OWNER AND APPLICANT INFORMATION STEP 1 OWNER OWNER If required, is a PA-33 on file? //On AND Andersor Patricia YES NO **APPLICANT** APPLICANT'S LAST NAME APPLICANT'S FIRST NAME NAME MI PHONE NUMBER AND Anderson Pamicia PROPERTY OWNER NAME ADDRESS APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER MAILING ADDRESS 188 orchard STATE ZIP CODE Scabrook PROPERTY ADDRESS BLOCK TAX MAP 88 Orhand YES IS THIS YOUR PRIMARY RESIDENCE? No
 VETERAN'S INFORMATION STEP 2 1. APPLICANT IS THE: 2. APPLYING FOR: **VETERANS** TAX CREDITS Veteran Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) AND 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) 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 5. Date of Discharge/Release (if applicable) 4. Date of Entry Dates of Military Service Enter (MMDDYYYY) 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 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) **EXEMPTIONS** (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth 10-26-5 11. Improvements to Assist Persons with Disabilities (RSA 72:37-a) 12. Blind Exemption (RSA 72:37) LOCAL OPTIONAL EXEMPTIONS (If adopted by city/fown) 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) Woodheating Energy Systems Exemption (RSA 72:70) Solar Energy Systems Exemption (RSA 72:62) Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87) TAX MAP | BLOCK | LOT 14. MH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit) STEP 4 RESIDENCY NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption) STEP 5 15. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own? OWNERSHIP Under perfalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct STEP 6 and complete SIGNATURES SIGNATURE (IN INK) OF PROPERTY OWNER

Eles

DATE

SIGNATURE (IN INK) OF PROPERTY OWNER

## 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			RECENT.
Applicant's name(s):	Patricia Anderson		APR 15 2025
Mailing address: \( \)	8 Orchard Street	Seabnok NH	Town of Seabrook
Marital status: married:	single:W	/idow(er):	Assessor's Office
Residence owned: solely	r: joint tenants:	w/other(s) Trust:	Life estate
Number of years owned	residence: <u>2020 - 5</u> <b>y</b> R.I ha	ive been a legal resident of Ni	H since: 2020
Date of birth: 10   26   5	Age: 65 Spouse's	date of birth:	Age:
Do you own real estate o	ther than your occupied NH resic	lence?(If yes, I	olease attach tax bill)
	rearly amount from last year)		
	VERIFICATION OF ALL THE FOLL	OWING MUST BE SUBMITTE	
	Applicant	Applicant's Spouse	<u>.</u>
a. Social Security:	\$ NONE D	\$	
b. Pension & Retirement	s Still Working	\$	
c. Wages:	\$ <u>31,950.</u> °°	\$	
d. Rental Income:	\$_NONE	\$	
e. Other Income:	\$NONE	\$	
f. Interest Income	sNONE	\$	
	\$ 31,950.00	\$	37,950-00
	Total Income	Total Income	Total of all Income
Are you required to file an provide a copy of your ret	interest and dividends tax retur urn)	n to the State of New Hamps	hire?(If yes, please
Are you required to file an income tax return. If no, p verification purposes.	IRS tax return?(If lease sign the attached form 882	yes, please provide a copy of 1 authorizing the Town of Se	your most recent federal abrook to contact the IRS for

3. Asset Info	ormation			,				
a. Type of pr	operty for whic	h exemption is claimed:	Single Fan	nilyN	lulti-family			
b. If multi-fa	mily, in which u	nit do you reside?	Wha					
Assets: Please list all Savings Acco cars, etc.)	assets owned ( unts or Investm	self & Spouse) ents/Certificates: (CD's,	stocks, bon	ds, IRA's, annuiti	es, travel traile	ers, RV's, boats	, antiques	
	YOU MUST SU	MIT VERIFICATION OF TH	ESE AMOUN	TS (CURRENT STA	TEMENTS WITH	BALANCES)		
Sa	vings Account:	Institution			Value \$			
Cho	ecking Account:	Institution DCU	(DIGIT	AL CREDIT U	1)/(0)/alue \$_ /	59.87		
IRA	<b>\</b> :	Institution			Value \$			
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		Model			Va			
RV make		Model	Year	Mileage	Va	lue \$		
		upied NH Residence						
Property type		In town& State		V	'alue \$			
		In town& State						
					sets \$ 1/8, 5			
agent of the Tow	vn of Seabrook A	that all the above is corre by agency or financial insti- ssessor's Office. I release a www.sp	tution to relea all persons wh	te accounting of m ase information ab nomsoever from an	y financial condi out me or copies y liability resulti	tion to the best s of my records t	to any	
Telephone nu	mber: <u>978-</u>	TOX LIDT		ffice use only) F				