

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

STEP 1 OWNER AND APPLICANT INFORMATION

| | | | | | | |
|-------------------------------------------------------------------------|------------------------------|------------------------|----------------------------------|-----|------------------------------|----------------------------------------|
| OWNER | 22 NICHOLAS WAY REALTY TRUST | | If required, is a PA-33 on file? | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| APPLICANT'S LAST NAME | FWLER | APPLICANT'S FIRST NAME | ROBERT | MI | <input type="checkbox"/> O | |
| APPLICANT'S LAST NAME | | APPLICANT'S FIRST NAME | | MI | <input type="checkbox"/> | |
| MAILING ADDRESS | 22 NICHOLAS WAY | | | | | |
| CITY/TOWN | SEABROOK | | STATE | NH | ZIPCODE | 03874 |
| PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed | 99 TRUE ROAD | | | | | |
| TAX MAP | 9 | BLOCK | 41 | LOT | 41 | |

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

| | Deaf Exemption | Disabled Exemption | Elderly Exemption | Elderly Exemption Per Age Category |
|---------------|----------------|--------------------|-------------------|------------------------------------|
| Income Limits | | | | |
| 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

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATERECEIVED
APR 17 2025

| STEP 1 OWNER AND APPLICANT NAME AND ADDRESS | | OWNER AND APPLICANT INFORMATION | | | | |
|---------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|
| | | OWNER <u>22 Nicholas Way Realty Trust</u> | | If required, is a PA-33 on file? <input checked="" type="radio"/> YES <input type="radio"/> NO <u>Seabrook</u> | | |
| | | APPLICANT'S LAST NAME <u>Fowler</u> | | APPLICANT'S FIRST NAME <u>Robert</u> | MI <u>0</u> | PHONE NUMBER <u>603 886 1866</u> |
| | | APPLICANT'S LAST NAME | | APPLICANT'S FIRST NAME | MI | PHONE NUMBER |
| | | MAILING ADDRESS | | | | |
| | | CITY/TOWN <u>Seabrook</u> | | STATE <u>NH</u> | ZIP CODE <u>03874</u> | |
| | | PROPERTY ADDRESS <u>22 Nicholas Way</u> | | TAX MAP <u>9</u> | BLOCK <u>41</u> | LOT <u>41</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 <u></u> | Dates of Military Service Enter (MMDDYYYY) <u></u> | 4. Date of Entry <u></u> | 5. Date of Discharge/Release (if applicable) <u></u> | |
| | | IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) | | | | |
| | | 6. Name of Allied Country Served in <u></u> | 7. Branch of Service <u></u> | | | |
| | | 9. Does any other eligible Veteran own interest in this property? YES <input type="radio"/> NO <input type="radio"/> If YES, provide name <u></u> | | 8. Please Check One. <input type="radio"/> US Citizen at time of entry into Service <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>73-59</u> 10b. Spouse's Date of Birth <u>45</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 | | | | |
| | | <input type="checkbox"/> 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? <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. | | | | |
| | | SIGNATURE (IN INK) OF PROPERTY OWNER <u>Robert Fowler</u> | | DATE <u>4/7/25</u> | | |
| | | SIGNATURE (IN INK) OF PROPERTY OWNER | | DATE | | |

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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.

RECEIVED

APR - 7 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Robert O. Fowler

Mailing address: 22 Nicholas Way

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

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

Number of years owned residence: 17 I have been a legal resident of NH since: 2006

Date of birth: 7/3/59 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>10,174.20</u> | \$ _____ | |
| b. Pension & Retirement | \$ _____ | \$ _____ | |
| c. Wages: | \$ _____ | \$ _____ | |
| d. Rental Income: | \$ _____ | \$ _____ | |
| e. Other Income: | \$ _____ | \$ _____ | |
| f. Interest Income | \$ _____ | \$ _____ | |
| | \$ <u>10,174.20</u> | \$ _____ | <u>10,174.20</u> |
| | Total Income | Total Income | 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 _____ | Value \$ _____ |
| Checking Account: | Institution <u>Provident Bank</u> | Value \$ <u>24.47</u> |
| IRA: | Institution _____ | Value \$ _____ |
| CD: | Institution _____ | Value \$ _____ |
| Type _____ | Institution _____ | Value \$ _____ |
| Type _____ | Institution _____ | Value \$ _____ |

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 11000

Vehicles:

| | | | | | | | | | |
|-----------|-------------|-------|-------------------|------|-------------|---------|----------------|----------|----------------|
| Car make | <u>GMC</u> | Model | <u>Savana</u> | Year | <u>2002</u> | Mileage | <u>113,000</u> | Value \$ | <u>400.00</u> |
| Car make | <u>Ford</u> | Model | <u>Crown Vic.</u> | Year | <u>2002</u> | Mileage | <u>90,000</u> | Value \$ | <u>1500.00</u> |
| 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 2924.47

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: Ralph [Signature] Spouse's Signature: _____ Date: 4/2/25

Telephone number: 603-380-2111

(Office use only) Reviewed by GC