

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

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	KAREN S STEWART		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	STEWART	APPLICANT'S FIRST NAME	KAREN	MI	S	
APPLICANT'S LAST NAME	STEWART	APPLICANT'S FIRST NAME	WILLIAM	MI	R	
MAILING ADDRESS	515 HOOKSETT ST					
CITY/TOWN	SEABROOK	STATE	NH	ZIPCODE	03874	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	99 TRUE ROAD					
TAX MAP	21	BLOCK	515	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			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	260000.00	<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
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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

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED
MAR 16 2025
Seabrook
Assessor's Office

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

Karen Stewart

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

If required, is a PA-33 on file?

☐ YES ☐ NO

Stewart

Karen

S.

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

Stewart

William

R.

MAILING ADDRESS

515 Hooksett St

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

515 Hooksett St

TAX MAP

21

BLOCK

515

LOT

IS THIS YOUR PRIMARY RESIDENCE? ☒ YES ☐ NO

VETERAN'S INFORMATION

STEP 2
VETERANS'
TAX CREDITS
AND
EXEMPTION

1. APPLICANT IS THE:

- ☐ Veteran
☐ Spouse
☐ Surviving Spouse

2. APPLYING FOR:

- ☐ Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)
☐ All Veterans' Tax Credit (RSA 72:28-b) *If Adopted by Town* Standard (\$50) / Optional (\$51 up to \$750)
☐ 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

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?

YES NO If YES, provide name

☐ ☐

8. Please Check One.

- ☐ US Citizen at time of entry into Service
☐ Alien but resident of NH at time of entry into Service

STEP 3
EXEMPTIONS

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)

(Enter numbers only MMDDYYYY)

10a. Applicant's Date of Birth 5-3-45

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) ☐ 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 72:70)
☐ Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)

14. ☐ NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)☐ 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 4
RESIDENCY

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK |

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)

~~Checking Savings Account:~~ Institution BANK OF AMERICA #8797 Value \$ 964.22

Checking Account: Institution Kennebunk Savings Value \$ 7,091.81

IRA: Institution _____ Value \$ _____

CD: Institution _____ Value \$ _____

Type _____ Institution _____ Value \$ _____

Type _____ Institution _____ Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 3,000

Vehicles:

Car make toyota Model Sienna Year 2007 Mileage 260,000 Value \$ 2,000

Car make Honda Model Fit Year 2016 Mileage 60,000 Value \$ 7,500

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 \$ 20,556.03

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: K. Smith Spouse's Signature: W. Smith Date: 3/11/25

Telephone number: 978-502-9178 (Office use only) Reviewed by OC