

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

OWNER	DAVID CARSON & BAMBI BEAL		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	CARSON	APPLICANT'S FIRST NAME	DAVID	MI	W	
APPLICANT'S LAST NAME	BEAL	APPLICANT'S FIRST NAME	BAMBI	MI	L	
MAILING ADDRESS	53 WALTON ROAD					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	53 WALTON RD					
TAX MAP	10	BLOCK	36	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
				80+ years of age	310000.00
Asset Limits					
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	310000.00	<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

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	<div style="text-align: right; margin-bottom: 5px;">MAR 31 2025</div> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">OWNER AND APPLICANT INFORMATION</div> <div> <div style="display: flex; justify-content: space-between;"> <div>OWNER</div> <div>If required, is a PA-33 on file?</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">David Carson + Bambi Beal</div> <div>APPLICANT'S LAST NAME</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">David</div> <div>APPLICANT'S FIRST NAME</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">W</div> <div>MI</div> </div> <div> <div style="border: 1px solid black; padding: 2px;"></div> <div>PHONE NUMBER</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">Carson</div> <div>APPLICANT'S LAST NAME</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Bambi</div> <div>APPLICANT'S FIRST NAME</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">L</div> <div>MI</div> </div> <div> <div style="border: 1px solid black; padding: 2px;"></div> <div>PHONE NUMBER</div> </div> </div> <div> <div style="border: 1px solid black; padding: 2px;">53 Walker Rd</div> <div>MAILING ADDRESS</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">Seabrook</div> <div>CITY/TOWN</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">NH</div> <div>STATE</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">03874</div> <div>ZIP CODE</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">53 Walker Rd</div> <div>PROPERTY ADDRESS</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">10</div> <div>TAX MAP</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">36</div> <div>BLOCK</div> </div> <div> <div style="border: 1px solid black; padding: 2px;"></div> <div>LOT</div> </div> <div> <div>IS THIS YOUR PRIMARY RESIDENCE?</div> <div><input checked="" type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div> </div> </div>		
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">VETERAN'S INFORMATION</div> <div> <div style="display: flex;"> <div style="flex: 1;"> 1. APPLICANT IS THE: <div style="margin-top: 5px;"> <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Surviving Spouse </div> </div> <div style="flex: 2;"> 2. APPLYING FOR: <div style="margin-top: 5px;"> <input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <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="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) </div> </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>3. Veteran's Name</div> <div>Dates of Military Service Enter (MMDDYYYY)</div> <div>4. Date of Entry</div> <div>5. Date of Discharge/Release (if applicable)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;">124-42</div> <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">711-62</div> </div> <div style="margin-top: 5px;"> IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) </div> <div style="display: flex; justify-content: space-between;"> <div>6. Name of Allied Country Served in</div> <div>7. Branch of Service</div> </div> <div style="display: flex; justify-content: space-between;"> <div> 9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name <input type="checkbox"/> <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;"></div> </div> <div> 8. Please Check One. <input type="checkbox"/> US Citizen at time of entry into Service <input type="checkbox"/> Alien but resident of NH at time of entry into Service </div> </div> </div> </div>		
STEP 3 EXEMPTIONS	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">STANDARD EXEMPTIONS</div> <div> 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 <div style="border: 1px solid black; padding: 2px;"></div> 10b. Spouse's Date of Birth <div style="border: 1px solid black; padding: 2px;"></div> </div> <div> 11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a) </div> <div> 12. <input type="checkbox"/> Blind Exemption (RSA 72:37) </div>		
STEP 4 RESIDENCY	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</div> <div> 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) </div> <div> 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) </div>		
STEP 5 OWNERSHIP	15. Do you own 100% interest in this residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, what percent (%) do you own? <div style="border: 1px solid black; padding: 2px;"></div>		
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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <div style="border: 1px solid black; padding: 2px;">David M Carson</div> <div>SIGNATURE (IN INK) OF PROPERTY OWNER</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">3/31/25</div> <div>DATE</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <div style="border: 1px solid black; padding: 2px;">Bambi B Carson</div> <div>SIGNATURE (IN INK) OF PROPERTY OWNER</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">3/31/25</div> <div>DATE</div> </div> </div>		

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

MAR 31 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): David Carson + Bambi L. Beal

Mailing address: 53 Walton Rd

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

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

Number of years owned residence: 29 I have been a legal resident of NH since: 1990

Date of birth: 7-24-42 Age: 82 Spouse's date of birth: 7-11-62 Age: 62

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>26,948.40.</u>	\$ <u>4048</u>	
b. Pension & Retirement	\$ <u>5,000</u>	\$ _____	
c. Wages:	<u>10.</u>	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	<u>\$DISF/retirement 29,020.92.</u>		
f. Interest Income	\$ <u>72.58.</u>	\$ _____	
	\$ <u>61,041.90.</u>	\$ <u>4048.</u>	<u>65,089.50.</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? yes. (If yes, please provide a copy of your return)

Are you required to file an IRS tax return? yes. (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>Central one</u> #1001	Value \$ <u>21,116.09</u>
Checking Account:	Institution <u>"</u> #5592	Value \$ <u>2532.09</u>
IRA:	Institution <u>Port Wealth Management</u>	Value \$ <u>94,587.27</u>
CD:	Institution _____	Value \$ _____
Type <u>savings</u>	Institution <u>align</u>	Value \$ <u>5.00</u>
Type <u>money market</u>	Institution <u>"</u> <u>"</u>	Value \$ <u>9147.68</u>
<u>check</u>	<u>TD BANK</u>	<u>3,155.55</u>
<u>savings</u>	<u>"</u> <u>"</u>	<u>11,423.44</u>
Estimated yard sale value of furniture, jewelry, furs, antiques, etc		\$ <u>3,000</u>

Vehicles:

Car make <u>Dodge</u>	Model <u>pickup 1500</u>	Year <u>2012</u>	Mileage <u>123,000</u>	Value \$ <u>12,000</u>
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 \$ 156,967.12

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: David W. Carson spouse's Signature: _____ Date: 3-31-25

Telephone number: 603-918-0027

(Office use only) Reviewed by GC