

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

OWNER	JAY P WOOD		If required, Is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	WOOD	APPLICANT'S FIRST NAME	PAULA	MI	J	
APPLICANT'S LAST NAME	WOOD	APPLICANT'S FIRST NAME	JAY	MI	P	
MAILING ADDRESS	944 LAFAYETTE RD #1					
CITY/TOWN	SEABROOK	STATE	NH	ZIPCODE	03874	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	1 A ST					
TAX MAP	7	BLOCK	90	LOT	1	

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

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		OWNER AND APPLICANT INFORMATION			
		OWNER <u>Jay Wood</u>		If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO	
		APPLICANT'S LAST NAME <u>Wood</u>	APPLICANT'S FIRST NAME <u>Paula</u>	MI <u>J</u>	PHONE NUMBER
		APPLICANT'S LAST NAME <u>Wood</u>	APPLICANT'S FIRST NAME <u>Jay</u>	MI <u>P</u>	PHONE NUMBER
		MAILING ADDRESS <u>944 Lafayette Road #1</u>			
		CITY/TOWN <u>Seabrook</u>	STATE <u>NH</u>	ZIP CODE <u>03874</u>	
		PROPERTY ADDRESS <u>1 A St.</u>	TAX MAP <u>1</u>	BLOCK <u>90</u>	LOT <u>1</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 <input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse		2. APPLYING FOR: <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)	
		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 NO If YES, provide name <input type="radio"/> <input type="radio"/> <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>1-3-54</u> 10b. Spouse's Date of Birth <u>11-29-55</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>Jay Wood</u> DATE <u>4/10/2025</u> SIGNATURE (IN INK, OF PROPERTY OWNER) <u>Paula Wood</u> DATE <u>4/10/2025</u>			

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.

1) Personal Information

Applicant's name(s): Paula Wood & Jay Wood

Mailing address: 944 Lafayette Rd #1 1st

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

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

Number of years owned residence: 32 I have been a legal resident of NH since: 1989

Date of birth: 1/3/54 Age: 70 Spouse's date of birth: 6/29/55 Age: 69

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>23,420.40</u>	\$ <u>19,568.40</u>	
b. Pension & Retirement	\$ <u>—</u>	\$ <u>—</u>	
c. Wages:	\$ <u>—</u>	\$ <u>—</u>	
d. Rental Income:	\$ <u>—</u>	\$ <u>—</u>	
e. Other Income:	\$ <u>—</u>	\$ <u>—</u>	
Interest Income	\$ <u>—</u>	\$ <u>—</u>	
	\$ <u>23,420.40</u>	\$ <u>19,568.40</u>	<u>42,988.80</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 TD Bank Value \$ 359.20

Checking Account: Institution TD Bank Value \$ 10,188.39

IRA: Institution _____ Value \$ _____

CD: Institution _____ Value \$ _____

Type check Institution " " Value \$ 1,364.97

Type _____ Institution _____ Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 5,000

Vehicles:

Car make Ford Model Mustang Year 2022 Mileage 12,000 Value \$ 30,000

Car make Chrysler Model Silverado 1500 Year 2011 Mileage 127,000 Value \$ 16,000

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 \$ 56,912.56

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: _____ Spouse's Signature: Paula Wood Date: 4/10/25

Telephone number 603 247-0917

(Office use only) Reviewed by GC

070305

State of New Hampshire
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF MARRIAGE

1. GROOM'S NAME (First, Middle, Last)

Jay Pearson Wood

3a. RESIDENCE — CITY, TOWN OR LOCATION

Seabrook

3d. STREET AND NUMBER

#1A Street

6a. FATHER'S NAME (First, Middle, Last)

Robert L. Wood

8a. BRIDE'S NAME (First, Middle, Last)

Paula Jean Cyr

10a. RESIDENCE — CITY, TOWN OR LOCATION

Seabrook

10d. STREET AND NUMBER

#1A Street

13a. FATHER'S NAME (First, Middle, Last)

Willard T. Williams

2. AGE LAST BIRTHDAY

38

3c. STATE

N.H.

5. DATE OF BIRTH (Month, Day, Year)

06/29/55

7b. BIRTHPLACE (State or Foreign Country)

Mass.

9. AGE LAST BIRTHDAY

39

10c. STATE

N.H.

12. DATE OF BIRTH (Month, Day, Year)

01/03/54

14b. BIRTHPLACE (State or Foreign Country)

Mass.

4. BIRTHPLACE (State or Foreign Country)

Newburyport, Mass.

6b. BIRTHPLACE (State or Foreign Country)

Mass.

7a. MOTHER'S NAME (First, Middle, Maiden Surname)

Lorraine Swap

8b. MAIDEN SURNAME (If Different)

Williams

10b. COUNTY

Rockingham

11. BIRTHPLACE (State or Foreign Country)

Natick, Mass.

13b. BIRTHPLACE (State or Foreign Country)

Ala.

Joan Marie Goddard

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF
 AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

15. GROOM'S SIGNATURE

DATE SIGNED (Month, Day, Year)

07/19/93

16. BRIDE'S SIGNATURE

DATE SIGNED (Month, Day, Year)

07/19/93

NOTICE OF THE INTENTION OF MARRIAGE BETWEEN THE PERSONS NAMED ABOVE WAS RECEIVED AND RECORDED BY ME ON

July 19,

93

17b. EXPIRATION DATE (Month, Day, Year)

10/17/93

WAIVERS
PRESENTED:

TIME

AGE:

Bride

Groom

ADDITIONAL
DOCUMENTATION
PRESENTED:

GROOM:

PROOF OF AGE

☒ DIVORCE DECREE (Annulment)

DEATH RECORD OF SPOUSE

BRIDE:

PROOF OF AGE

☒ DIVORCE DECREE

DEATH RECORD OF SPOUSE

18. THIS CERTIFICATE ISSUED
(Month, Day, Year)

07/28/93

19. SIGNATURE OF CITY/TOWN CLERK

20. CLERK OF (CITY, TOWN)

Seabrook

NOT FOR OFFICIAL USE UNLESS PROPERLY SEALED BY TOWN/CITY CLERK

A True Copy Attest:

Virginia L. Small
Town Clerk of Seabrook, NH.THIS CERTIFIES That on this, the 28th day of August 19 93

at Seabrook, NH I joined in marriage

Jay Wood of Seabrook and

Paula Cyr of Seabrook

Certificate of Intention of Marriage issued by the Clerk of Seabrook, NH

I ALSO CERTIFY That I am a Justice of the Peace residing in the town of

Pembroke, NH

SIGNATURE OF OFFICIANT

SIGNATURE OF WITNESSES
(OPTIONAL)