

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

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

STEP 1 OWN	IER AND APPLIC	CANT INFORMATI	ON				
OWNER	MARY A PETE	ERS			If required, is	a PA-33 on file?	YES O
APPLICANT'S LAST	NAME PETERS		APPLICANT'S FI	RST NAME	MARY		MI A
PPLICANT'S LAST	NAME		APPLICANT'S FI	RST NAME			MI .
ALLING ADDRESS	PO BOX 1710						
ITY/TOWN	SEABROOK				STATE	NH ZIPCO	DDE 03874
ROPERTY ADDRE	SS for which Tax Cre	edit / Exemption / Deferr	al is claimed 99 TRUE	ROAD			
AX MAP 2	BLOCK 51	LOT 5					
TEP 2 TAX	CREDITS / EXEN	VIPTIONS / TAX DE	FERRAL		<u>Servit Millit Physicis Vis</u>	<u> </u>	
			'TAX CREDITS /	EXEMPTION	ON		
						GRANTED DEN	IED DATE
☐ Veterans' Tax	Credit RSA 72:28 (Stand	dard \$50; Optional \$51 up i	o \$750)	The state of			8: 5: <u>2005 (2000)</u> 125: 1
	그 사람들은 어린 사람이 없는 그 가장이 많아 모르는 것이다.	(Standard \$50; Optional \$5	그림이 잘 하는 것이 없는 것이 되는 것은 것이 되는 사람들이 되어		····	H	
Tax Credit for	Service-connected To	otal Disability (Standard \$	700; Optional \$701 up to \$	(4,000)	//		
The second secon	The state of the s	rd \$700; Optional \$701 up	to \$2,000)				
	Combat Service RSA 7	The second secon					
	able Discharge Papers	s Form(s)		100			
Other Informati	4. 4. L 	5597 E. 1924 M. Transa C. 1987 S. 1987 (1987)				and a second second second	
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5 - 34 - 34 - 45 - 5 - 5 - 5			71000.00	75-79	9 years of age	260000.00	
sset Limits ingle		 	Подорого	80+ y	ears of age	310000.00	13.00
Married			250000.00				
ratified			250000.00				
	STANDARD and	d LOCAL OPTION	AL EXEMPTIONS	(when previo	usly adopted by	the City/Town)	
				A	MOUNT GRA	ANTED DENIED	DATE
 Elderly Exemption 	ıon			2300	00,00		
Improvements t	o Assist Persons with	Disabilities				A H	
Blind Exemption		2000 kielokultuut 1700 kielokultuksi 1800 kielokultuu kun teeli turaiteele een viitaan elekse sellen 1922 vuot	ner nøder processier med til det et et en				
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FORM	
PA-29	1

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PA-29
PA-29
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

	V DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE					
STEP 1	OWNER AND APPLICANT INFORMATION					
OWNER	OWNER If required, is a PA 33 on file?					
AND	Maiy A. Peters Tes Ino					
APPLICANT NAME	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONENUMBER					
AND						
ADDRESS						
	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER CO					
	MAILING ADDRESS					
	P.O.BOX 1716					
	CITY/TOWN STATE ZIP CODE					
	Scabbal NH 03874					
	PROPERTY ADDRESS TAX MAP BLOCK LOT					
	99 THE Rd 2 51 5					
	IS THIS YOUR PRIMARY RESIDENCE? VYES NO					
	VETERAN'S INFORMATION					
STEP 2	1. APPLICANT IS THE: 2. APPLYING FOR:					
ETERANS' X CREDITS						
AND	☐ Veterans' Tax Credit (RSA 72.28) Standard (\$50) / Optional (\$51 up to \$750)					
EMPTION	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 Dates of Military Service 4. Date of Entry 5. Date of Discharge/Release (if applicable)					
	Enter (MMDDYYYY)					
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)					
	6. Name of Allied Country Served in 7. Branch of Service					
į	7. Dianci di 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					
	STANDARD EAEMPTIONS					
STEP 3	10. [I] Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)					
EMPTIONS	(Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth 5 13 - 4 100b. 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)					
	learned to the second to the s					
	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 17 11/2 11 16 2 11 11 11 11 11 11 11 11 11 11 11 11 1					
STEP 4	14. Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)					
SIDENCY	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)					
	The residence of three consecutive rears proceeding opin i in the year the exemption is claimed (Elberty Exemption)					
STEP 5	45 Day and 40000 interest in this case of TDV - TDV - 1400					
NERSHIP	15. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own?					
	Index papalties of parium. I declare the billion overhined this decrement and to the heat of any bull-fitted information by the first of					
STEP 6	Under penalties of perjury, I declare that have examined this document and to the best of my belief the information herein is true, correct					
NATURES	and complete.					
	X. J. V. J. V. X. J. V. J. V. X. J. V.					
	SIGNATURE (IN INK) OF PROPERTY OWNER					
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE					
	·					

REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS OPTIONAL ADJUSTED *ELDERLY EXEMPTION*

Please fill out each area carefully. Please make certain that you sign at the end of the form in the signature area and All financial documents and bank statements must be included with application.

1) Personal Information			MAR 11	
	MARY A. PE		MAR 12 2025	
Mailing address: 0.0	1 BOX 1710 SE	ABROOK, NHOS	Town of Seabrook	
Marital status: married:	single: W	ridow(er):		
Residence owned: solely	v:joint tenants:	w/other(s)Trust:	Life estate	
Number of years owned	residence: <u>VT</u> I ha	ve been a legal resident of NH s	since: 1977	
Date of birth: 5/13/56	Age: <u>18</u> Spouse's	date of birth: Ag	ge:	
	ther than your occupied NH resid			
2) Income Information (y	early amount from last year)			
	VERIFICATION OF ALL THE FOLL	OWING MUST BE SUBMITTED		
	Applicant	Applicant's Spouse		
a. Social Security:	\$ 12,100			
b. Pension & Retirement	\$ N/A	\$.vi~SS. \$		
c. Wages:	\$ 3,500 year	\$		
d. Rental Income:	\$ M/A 2024		· ·	
e. Other Income:	\$	\$		
f. Interest Income	\$ N/A	\$		
	\$ 15,600	\$	15,600	
	Total Income	Total Income	Total of all Income	
provide a copy of your ret	•	·		
Are you required to file ar income tax return. If no. o	n IRS tax return? 125 (If	yes, please provide a copy of your state of your provide a copy of your state of Seah	our 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 u	ınit 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	1/A	HYBERFORENCE NOON NO CONTESTA PROVINCIANA NO	Value \$	
Checking Account:	Institution TD	Bank	likka hilippimaraksen akkar omrupe e trisolinene omerarany zma	Value \$ 70,46	
IRA:	Institution	<u>/a</u>		Value \$	
CD:	Institution	•		Value \$	
Type 5010	Institution	Bauk	7	Value \$ - 3, 83 - 10.19	
Type	Institution	/A	aansy raigh haadh na c care gan an ar ann ar gerraich ag a' an ann an	Value \$ OreDIT	
Estimated <u>vard sale value</u> of furniture, jewelry, furs, antiques, etc \$ 3,000					
Vehicles: Car make Chex Rolet	Model TupalA	Year <u>201</u>	<u>D</u> Mileage <u>9</u> 2	8 440 Value \$ 4506,	
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		Commissioner and color of the control of the property of the color of	alue \$	
Property type	in town& State		V	alue \$	
			Total of all as	sets \$ 75 66. 43	
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 o this information.					
Applicant's Signature: Date: 3/38/305					
Applicant's Signature: Llaughteus Spouse's Signature: Date: 3/38/3025 Telephone number: 603-394-7473 (Office use only) Reviewed by 9					