

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

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER MARY A PETERS If required, is a PA-33 on file? ☐ YES ☒ NO

APPLICANT'S LAST NAME PETERS APPLICANT'S FIRST NAME MARY MI A

APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI

MAILING ADDRESS PO BOX 1710

CITY/TOWN SEABROOK STATE NH ZIPCODE 03874

PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed 99 TRUE ROAD

TAX MAP 2 BLOCK 51 LOT 5

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) <u></u>				
<input type="checkbox"/> Other Information <u></u>				
<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"/> <u></u>				

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

☐ Elderly & Disabled Tax Deferral GRANTED ☐ DENIED ☐ 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											
	<div style="display: flex; justify-content: space-between;"> <div> If required, is this PA-33 on file? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div> MAP 733 2025 </div> </div>											
	APPLICANT'S LAST NAME <u>Mary A. Peters</u>			APPLICANT'S FIRST NAME <u>Mary</u>			MI <u>A.</u>		PHONE NUMBER <u>603-874-XXXX</u>			
	APPLICANT'S LAST NAME <u>Peters</u>			APPLICANT'S FIRST NAME <u>Mary</u>			MI <u>A.</u>		PHONE NUMBER <u>603-874-XXXX</u>			
	MAILING ADDRESS <u>P.O. Box 1716</u>											
	CITY/TOWN <u>Seabrook</u>			STATE <u>NH</u>		ZIP CODE <u>03874</u>						
	PROPERTY ADDRESS <u>99 TWE Rd</u>			TAX MAP <u>2</u>		BLOCK <u>51</u>		LOT <u>5</u>				
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
	STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION										
1. APPLICANT IS THE:					2. APPLYING FOR:							
<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Surviving Spouse					<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) If Adopted by Town 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) If Adopted by Town (\$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?					8. Please Check One.							
YES NO If YES, provide name <input type="checkbox"/> <input type="checkbox"/> <u></u>					<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							
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>5-13-92</u> 10b. Spouse's Date of Birth <u></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)											
	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)											
	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? <u></u>											
	STEP 4 RESIDENCY	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. <u>Mary A. Peters</u> SIGNATURE (IN INK) OF PROPERTY OWNER DATE <u>3/12/2025</u> SIGNATURE (IN INK) OF PROPERTY OWNER DATE <u></u>										
												STEP 5 OWNERSHIP
STEP 6 SIGNATURES												

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 12 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): MARY A. PETERS

Mailing address: P.O. BOX 1710 SEABROOK, NH 03874

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: 1977

Date of birth: 5/13/56 Age: 68 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>12,100</u>	\$ _____	
b. Pension & Retirement	\$ <u>N/A</u>	\$ _____	
c. Wages:	\$ <u>3,500</u> own business year 2024	\$ _____	
d. Rental Income:	\$ <u>N/A</u>	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ <u>N/A</u>	\$ _____	
	\$ <u>15,600</u>	\$ _____	<u>15,600</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? 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? 1 What is the living area of your unit? 1000

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>N/A</u>	Value \$ <u> </u>
Checking Account:	Institution <u>TD Bank</u>	Value \$ <u>70,46</u>
IRA:	Institution <u>N/A</u>	Value \$ <u> </u>
CD:	Institution <u>N/A</u>	Value \$ <u> </u>
Type <u>ESOP</u> <u>REACT</u>	Institution <u>TD Bank</u>	Value \$ <u>-3,83</u>
Type <u> </u>	Institution <u>N/A</u>	Value \$ <u> </u>

-10.19 credit

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

Vehicles:

Car make Chevrolet Model Impala Year 2010 Mileage 98,440 Value \$ 4500.00

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 N/A In town & State Value \$

Property type In town & State Value \$

Total of all assets \$ 7566.63

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: Elmery Peters Spouse's Signature: Date: 3/28/2025

Telephone number: 603-394-7473

(Office use only) Reviewed by