

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

APR 25 2024

OWNER AND APPLICANT INFORMATION
OWNER: PAULA & JEFFREY BRIGGS
APPLICANT'S LAST NAME: BRIGGS, FIRST NAME: JEFFREY
APPLICANT'S LAST NAME: BRIGGS, FIRST NAME: PAULA
MAILING ADDRESS: 189 PLEASANT POND ROAD, FRANCETOWN, NH 03043
PROPERTY ADDRESS: 189 PLEASANT POND ROAD, TAX MAP: 5, BLOCK: , LOT: 56
IS THIS YOUR PRIMARY RESIDENCE? YES

VETERAN'S INFORMATION
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: , 4. Date of Entry: , 5. Date of Discharge/Release:
IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)
6. Name of Allied Country Served in: , 7. Branch of Service:
8. Please Check One.
[] US Citizen at time of entry into Service
[] Alien but resident of NH at time of entry into Service

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)
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)

STEP 4 RESIDENCY
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 5 OWNERSHIP
15. Do you own 100% interest in this residence? [X] Yes [] No If NO, what percent (%) do you own? []

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: [Signature] DATE: April 24, 2024
SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature] DATE: April 24, 2024

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	<input type="text" value="5"/>	BLOCK	<input type="text"/>	LOT	<input type="text" value="56"/>	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/>	Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)					<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/>	All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)					<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/>	Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)					<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/>	Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)					<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/>	Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)					<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/>	Reviewed documents submitted by applicant (list documents reviewed)					<input type="text"/>			
<input type="checkbox"/>	Other Information					<input type="text"/>			

VETERANS' EXEMPTION

Certain Disabled Veterans' Exemption GRANTED DENIED

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	65-74 years of age	<input type="text"/>
Married	<input type="text"/>	<input type="text"/>	<input type="text"/>	75-79 years of age	<input type="text"/>
Asset Limits				80+ years of age	<input type="text"/>
Single	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Married	<input type="text"/>	<input type="text"/>	<input type="text"/>		

STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Blind Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Deaf Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Disabled Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Electric Energy Storage Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input checked="" type="checkbox"/> Solar Energy Systems Exemption	\$15,600	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Woodheating Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Wind-powered Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

- | | |
|--|---|
| <input type="checkbox"/> * List of assets, value of each asset, net encumbrance and net value of each asset. | <input type="checkbox"/> * State Interest and Dividends Tax Form. |
| <input type="checkbox"/> * Statement of applicant and spouse's income. | <input type="checkbox"/> * Property Tax Inventory Form filed in any other town. |
| <input type="checkbox"/> * Federal Income Tax Form. | |

*** Documents are considered confidential and must be returned to the applicant once a decision is made on the application.**

Municipal Notes

SCOT D HEATH PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
CHARLES M PYLE, III PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
KAREN FITZGERALD PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE