

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

MAY 01 2024

OWNER AND APPLICANT INFORMATION
OWNER: GORDON 2022 TRUST
APPLICANT'S LAST NAME: GORDON
APPLICANT'S FIRST NAME: GEORGE
MAILING ADDRESS: 354 WILSON HILL ROAD, FRANCETOWN, NH 03043
TAX MAP: 10, BLOCK: , LOT: 9
VETERAN'S INFORMATION:
1. APPLICANT IS THE: [] Veteran, [] Spouse, [] Surviving Spouse
2. APPLYING FOR: [] Veterans' Tax Credit, [] All Veterans' Tax Credit, [] Tax Credit for Service-Connected Total Disability, [] Tax Credit for Surviving Spouse, [] Tax Credit for Combat Service, [] Certain Disabled Veterans (Exemption)
3. Veteran's Name: , Dates of Military Service: , 4. Date of Entry: , 5. Date of Discharge/Release:
6. Name of Allied Country Served in: , 7. Branch of Service:
9. Does any other eligible Veteran own interest in this property? YES [] NO [] If YES, provide name:
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, 10a. Applicant's Date of Birth: , 10b. Spouse's Date of Birth:
11. [] Improvements to Assist Persons with Disabilities
12. [] Blind Exemption
LOCAL OPTIONAL EXEMPTIONS:
13. [] Deaf Exemption, [] Disabled Exemption, [x] Solar Energy Systems Exemption, [] Renewable Generation Facilities and Electric Energy Storage Systems Exemption, [] Electric Energy Storage Systems Exemption, [] Wind-Powered Energy Systems Exemption, [] Woodheating Energy Systems Exemption
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)
15. Do you own 100% interest in this residence? [x] Yes [] No If NO, what percent (%) do you own:
SIGNATURES:
SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature]
DATE: 4/25/24
SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature]
DATE: 4/25/24

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	10	BLOCK		LOT	9	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)							<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)							<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)							<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)							<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)							<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Reviewed documents submitted by applicant (list documents reviewed)									
<input type="checkbox"/> Other Information									

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				65-74 years of age	
Married				75-79 years of age	
Asset Limits				80+ years of age	
Single					
Married					

STANDARD and LOCAL OPTIONAL EXEMPTIONS

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

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

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR
TAX DEFERRAL UNDER RSA 72:33, V

(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

TYPE OR PRINT

OWNER: GORDON 2022 TRUST
APPLICANT'S LAST NAME: GORDON, APPLICANT'S FIRST NAME: GEORGE, MI: R
APPLICANT'S LAST NAME: GORDON, APPLICANT'S FIRST NAME: LORI, MI: A
MAILING ADDRESS: 354 WILSON HILL ROAD
CITY/TOWN: FRANCESTOWN, STATE: NH, ZIPCODE: 03043
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 354 WILSON HILL ROAD

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- [X] Grantor/Revocable Trust
[] Equitable Title holder or
[] Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
(b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
(c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above):

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:
For Solar Exemption

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.

[X] SIGNATURE (IN INK)

GEORGE GORDON
PRINT NAME

4/25/24
DATE

[X] SIGNATURE (IN INK)

LORI GORDON
PRINT NAME

4/25/24
DATE

508-525-0503
TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. WHO MUST FILE: To be completed by property owners to establish their status as grantor of the property to a revocable trust... WHEN TO FILE: This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption...

