FORM PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS MAY 0 1 2024

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

	OWNER AND APPLICANT INFORMATION TOWN OF FRANCESTOM							
STEP 1 OWNER	OWNER	If required, is a PA-33 on file?	VV					
AND	GORDON 2022 TRUST		O YES O NO					
APPLICANT NAME	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI PHONE NUMBER					
AND	GORDON	GEORGE	R	PRO				
ADDRESS	APPLICANT'S LAST NAME	APPLICANT'S FIRST NAME	MI PHONE NUMBER	照				
	GORDON	LORI	A	PROPERTY OWNER NAME				
	MAILING ADDRESS		i de la companya de	Ň				
	354 WILSON HILL ROAD CITY/TOWN STATE ZIP CODE FRANCESTOWN NH 03043							
	BLOCK LOT							
	PROPERTY ADDRESS	TAX MAP	9					
	354 WILSON HILL ROAD							
	IS THIS YOUR PRIMARY RESIDENCE? YES NO							
	eta	ETERAN'S INFORMATION						
STEP 2 VETERANS'	1. APPLICANT IS THE: 2. APPLYING FOR:							
TAX CREDITS	O Veteran Veterans' Tax C	redit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)					
AND EXEMPTION	O Spouse All Veterans' Tax	Credit (RSA 72:28-b) If Adopted by Town	Standard (\$50) / Optional (\$51 up to \$750)					
EXEMI TION			:35) Standard (\$700) / Optional (\$701 up to \$4,000)					
			on who was killed or died while on active duty")					
		ombat Service (RSA 72:28-c) If Adopted by	10Wn (\$50 up to \$500)					
		Veterans (Exemption) (RSA 72:36-a)		D.				
		f Military Service 4. Date of Entry	5. Date of Discharge/Release (if applicable)	오				
	Enter	(MMDDYYYY)		3				
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32			è				
	6. Name of Allied Country Served in 7. Branch of Service							
	3. Veteran's Name Dates of Military Service Enter (MMDDYYYY) IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) 6. Name of Allied Country Served in 7. Branch of Service 8. Please Check One.							
	9. Does any other eligible veteral own interest in this property:							
	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						
STEP 3	10. Elderly Exemption (Must be 65 years of age	on or before April 1 of year for which exe	mption is claimed) (RSA 72:39-a)					
EXEMPTIONS	(Enter numbers only MMDDYYYY) 10a. Applicar	nt's Date of Birth 10b.	Spouse's Date of Birth					
	11. Improvements to Assist Persons with Disabi	lities (RSA 72:37-a)						
	12. Blind Exemption (RSA 72:37)							
		ONAL EXEMPTIONS (If adopted by	(cityfown)					
		Electric Energy Storage Systems						
	13. Deaf Exemption (RSA 72:38-b) Disabled Exemption (RSA 72:37-b)	Wind-Powered Energy Systems						
	Solar Energy Systems Exemption (RSA 72:6:							
	Renewable Generation Facilities and Electric		SA 72:87)	_				
				X				
STEP 4	14. NH Resident for One Year preceding April 1 i			AP				
RESIDENCY	NH Resident for Five Consecutive Years (Dea			BFC				
	NH Resident for Three Consecutive Years pre	ceding April 1 in the year the exemption	is claimed (Elderly Exemption)	Š				
				TAX MAP BLOCK LOT				
STEP 5 OWNERSHIP	15. Do you own 100% interest in this residence?	Yes No If NO, what percent (%) do you own?	_				
OWNEROIM	Under renatties of perjury, I declare that I have exam							
STEP 6	and complete.	mied this document and to the best of my	Delici dio micritation di dia, contott					
SIGNATURES	110		4/25/24					
	SIGNATURE (IN INK) OF PROPERTY OWNER		DATE					
	901 (25/24							
-	SIGNATURE (IN INK) OF PROPERTY OWNER		DÂTE					
	The state of the s							

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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT									
MUNICIPAL TA	X MAP 10	BLOCK	LOT 9	AMOUNT	GRANTED DENIEL	DATE			
Veterans' Ta	ax Credit RSA 72:28 (Stan	ndard \$50; Optional \$51 up to \$	3750)		0 0				
All Veterans	Tax Credit RSA 72:28-b	(Standard \$50; Optional \$51 u	ıp to \$750)		O O				
			0; Optional \$701 up to \$4,000)		0 0				
		ard \$700; Optional \$701 up to \$		-	\circ				
		uant to RSA 72:28-c (\$50 u)			0 0				
Reviewed de	ocuments submitted by	applicant (list documents re	eviewed)						
Other Information									
VETERANS' EXEMPTION									
Certain Disa	bled Veterans' Exemption	on		GRANT	ED O DENIED O				
	APPLICABLE ELD		ND DEAF EXEMPTIO		D ASSET LIMITS				
Income Limite	Deef Everenties		CIPALITY FOR INCOME AND A		vemntion Der Age Cat	20001			
Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	and the second second	exemption Per Age Cat	egory			
Single				65-74 years of					
Married Asset Limits				75-79 years of					
Single				80+ years of a	ge				
Married			_			1			
Warried	V-02-03-V-1-10-10-10-10-10-10-10-10-10-10-10-10-1	OTANDADD	COAL OPTIONAL EV	EMPTIONS		TO SECURITY OF			
		STANDARD and L	OCAL OPTIONAL EX	AMOUNT	GRANTED DENIED	DATE			
Elderly Exen	nption			AMOOIAL	<u> </u>	DAIL			
	ts to Assist Persons with	h Disabilities							
Blind Exemp		a Disabilitation			000000000				
Deaf Exemp									
Disabled Exe				-					
		omption.			δ				
	rgy Storage Systems Ex	emption							
The second secon	y Systems Exemption			\$15,600	0 0				
	g Energy Systems Exen				Ŏ Ŏ				
A STATE OF THE STA	ed Energy Systems Exe				0 0				
		d Electric Energy Storage S		the property over	0 0	anial .			
			A-35 must be returned to ation in accordance with RS.		ier aπer approvai or α	eniai.			
		, net encumbrance and net			st and Dividends Tax Fo	ırm			
	of applicant and spouse		value of each acces.		Inventory Form filed in				
	come Tax Form.								
* Doc	uments are considere	d confidential and must l	be returned to the applica	nt once a decisio	n is made on the appli	cation.			
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									
			CIONATURE AN INCO OF	CELECTMAN (MISSION	IDAL ACCECCINO OFFICIAL	DATE			
PRINT / TYPE NAME OF	SELECTMAN / MUNICIPAL AS	SSESSING OFFICIAL	SIGNATURE (IN INK) OF	SELECTMAN / MUNICI	PAL ASSESSING OFFICIAL	DATE			
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL DATE									

FORM PA-33

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	NER GORDON 2022 TRUST									
APPLICANT	ANT'S LAST NAME GORDON APPLIC		APPLICA	NT'S FIRST NAME	GEORGE		ДМІ І	R		
APPLICANT	'S LAST NA	ME	GORDON	APPLICA	NT'S FIRST NAME	LOR	l		MI	Α
MAILING AD	DRESS 3	54 V	VILSON HILL ROAD					1		
CITY/TOWN	F	RAN	ICESTOWN		S	TATE	NH	ZIPCODE	0304	43
PROPERTY	ADDRESS	for w	hich Tax Credit / Exemption / Deferra	al is claimed	354 WILSON HILL	. ROA	D			
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: <i>(check one)</i>										
	/Revocabl	e Tr	ust							
O Equitab	le Title ho	lder	or							
Benefic	ial interes	t 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			rent than above):					**		
	All de	ocui	ments submitted shall be ha	indled to	orotect the priva	cy of	the app	olicant.		
Explanation	or additional	deta	ails:							
For Solar Exemption										
Underpens	ltles of per	iurv	I declare that I have examine	ed this doc	ument and to the	best o	of my be	elief the inforn	natior)
herein is tru	ie, correct	and	complete.				,		1	1
X SIGNATURE NOTINK) X DN' PRINT NAME LORI GORDON 42524										
SIGNATURE (IN INK) PRINT NAME DATE										
508 - 525 - 0503 TELEPHONE NUMBER										
WHO MUST FILE	To be completed by property owners to establish their status as grantor of the property to a revocable trust, or holding equitable title or the beneficial interest for life in the property. RSA 72:29, VI. For purposes of RSA 72:28, 28-b, 28-c, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.									
WHEN TO FILE	property t	ax c ass a pe	ed form shall be submitted to redit or exemption, or the Talessing officials of the City/Tot rmanent document and does altered.	ax Deferra wn in whic	l Application, Fori h such applicatior	m PA n is fil	-30 (RS ed. The	SA 72:38-a), t completed F	to the form F	local PA-33