

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

TOWN OF FRANCESTOWN

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER AND APPLICANT NAME AND ADDRESS

OWNER: BRIAN WANDREI

APPLICANT'S LAST NAME: WANDREI

APPLICANT'S FIRST NAME: BRIAN

PHONE NUMBER: 347-926-3731

MAILING ADDRESS: 316 MUZZEY ROAD

CITY/TOWN: FRANCESTOWN

STATE: NH

ZIP CODE: 03043

PROPERTY ADDRESS: 316 MUZZEY ROAD

TAX MAP: 5

BLOCK: []

LOT: 8-4

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

STEP 2 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: Enter (MMDDYYYY) []

4. Date of Entry: []

5. Date of Discharge/Release (if applicable): []

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)

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

STEP 3 EXEMPTIONS

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)
 (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth [] 10b. 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)

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? 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: 4/29/24

SIGNATURE (IN INK) OF PROPERTY OWNER: []

DATE: []

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

| | | | | | | | | | |
|---|---|-------|--|-----|-----|--------|-----------------------|-----------------------|------|
| MUNICIPAL TAX MAP | 5 | BLOCK | | LOT | 8-4 | 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 | \$12,600 | <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 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 |