



## **Town of Allenstown**

**Assessing Office  
16 School Street  
Allenstown, NH 03275  
603-485-4276 ext. 114  
dseverance@allenstown.org**

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**TO:** Board of Selectpersons

**FROM:** Donna Severance  
Assessing Clerk

**DATE:** July 25, 2016

**RE:** Request for Solar Energy Systems Exemption

Attached for your approval and signature are three PA-29 forms requesting solar energy system exemptions. The three property owners are: Cynthia Doyon, 4 Dawn Drive, Robert Marier Jr., 120 River Road, and Donald & Frances Boisvert, 5 Sunset Avenue. These systems are not currently assessed for solar systems but will be in the 2017 tax year.



RECEIVED

4-11-2010

FORM PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS
DUE DATE APRIL 15th PRECEDING THE SETTING OF THE TAX RATE
CALL YOUR CITY/TOWN FOR INCOME AND ASSET LIMITS

There is a separate page of instructions (pages 3 & 4) that accompany this form. If you do not receive the instructions, please visit our website at www.nh.gov/revenue or contact your city/town.

Form with multiple steps: STEP 1 NAME AND ADDRESS, STEP 2 VETERANS' TAX CREDITS/EXEMPTION, STEP 3 OTHER EXEMPTIONS, STEP 4 IMPROVEMENTS, STEP 5 RESIDENCY, STEP 6 OWNERSHIP, STEP 7 SIGNATURES, WHEN TO FILE, APPEAL PROCEDURE.

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BOOK/LOT

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS**  
 TO BE COMPLETED BY CITY/TOWN ASSESSING OFFICIALS

**MUNICIPAL AUTHORIZATION**

**VETERANS' TAX CREDIT**

CITY/TOWN TAX MAP # \_\_\_\_\_ BLOCK # \_\_\_\_\_ LOT # \_\_\_\_\_

	Amount \$	Granted	Denied	Date
<input type="checkbox"/> Veterans' Tax Credit (\$50 minimum to \$500)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Service Connected Total & Permanent Disability (\$700 minimum to \$2000)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Surviving Spouse of Veteran Who Was Killed or Who Died on Active Duty (\$700 minimum to \$2000)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Review Discharge Papers (Form DD214), Form # _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other Information _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**VETERANS' EXEMPTION**

Total Exemption       (a) Veteran       (b) Surviving Spouse

	Amount \$	Granted	Denied	Date
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS**

Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single	\$ _____	\$ _____	85 - 74 years of age	\$ _____
Married	\$ _____	\$ _____	75 - 79 years of age	\$ _____
Asset Limits	_____		80 + years of age	\$ _____
Single	\$ _____	\$ _____	_____	
Married	\$ _____	\$ _____	_____	

**OTHER EXEMPTIONS**

	Amount \$	Granted	Denied	Date
<input type="checkbox"/> Elderly Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Disabled Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Improvements to Assist the Deaf	_____	<input 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 checked="" type="checkbox"/> Solar Energy Systems Exemption	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/10
<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"/>	_____

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

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

- List of assets, value of each asset, net encumbrance and net value of each asset.
- \* Statement of applicant and spouse's income.
- \* Federal Income Tax Form.
- \* State Interest and Dividends Tax Form.
- \* Property Tax Inventory Form filed in any other town.

\* Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.

*As solar system is not currently assessed exemption will not be added until 2017 tax year when system will become assessed/taxed.*

Municipal Notes

Selectmen/Assessor(s) Printed Name	Signatures(s) of Approval (in ink)	Date
Jason Tardiff	_____	_____
Kate Walker	_____	_____
David Eaton	_____	_____

Jodi - 603-505-1770

3-23-2016 RECEIVED

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS  
DUE DATE APRIL 15th PRECEDING THE SETTING OF THE TAX RATE  
CALL YOUR CITY/TOWN FOR INCOME AND ASSET LIMITS

There is a separate page of instructions (pages 3 & 4) that accompany this form. If you do not receive the instructions, please visit our web site at [www.nh.gov/revenue](http://www.nh.gov/revenue) or contact your city/town.

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	120 RIVER ROAD	Robert	H
	MAJING ADDRESS		
	ALLENSTOWN	N.H.	03275
	CITY/TOWN	STATE	ZIP CODE
	CITY/TOWN TAX MAP #	BLOCK #	LOT #
	105	40	
	ADDRESS OR PROPERTY 120 River Road Allenstown, N.H 03275		
STEP 2 VETERANS' TAX CREDITS/EXEMPTION	1 Veteran's Name		
	2 Date of Entry into Military Service		3 Date of Discharge/Release from Military Service
	4 <input type="checkbox"/> Veteran	<input type="checkbox"/> Veterans' Tax Credit	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Credit for Service Connected Total and Permanent Disability	
	<input type="checkbox"/> Surviving Spouse	<input type="checkbox"/> Credit for Surviving Spouse of Veteran Who Was Killed or Died on Active Duty	
	Veteran of Allied Country		
	5 Name of Allied Country Served in		6 Branch of Service
	7 <input type="checkbox"/> US Citizen at time of entry into the Service	8 <input type="checkbox"/> Alien but Resident of NH at time of entry into the Service	
	9 Does any other eligible Veteran own interest in this property? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, give name		
	10 <input type="checkbox"/> Total Veteran Exemption <input type="checkbox"/> (a) Veteran <input type="checkbox"/> (b) Surviving Spouse of that Veteran		
STEP 3 OTHER EXEMPTIONS	11 <input type="checkbox"/> Elderly Exemption Applicant's Date of Birth _____ Spouse's Date of Birth _____ Must be 65 years of age on or before April 1st of year for which exemption is claimed.		
	12 <input type="checkbox"/> Disabled Exemption	<input checked="" type="checkbox"/> Solar Energy Systems Exemption	
	<input type="checkbox"/> Blind Exemption	<input type="checkbox"/> Woodheating Energy Systems Exemption	
	<input type="checkbox"/> Deaf Exemption	<input type="checkbox"/> Wind-Powered Energy Systems Exemption	
STEP 4 IMPROVEMENTS	13 <input type="checkbox"/> Improvements to Assst Persons with Disabilities <input type="checkbox"/> Improvements to Assst the Deaf		
STEP 5 RESIDENCY	14 <input checked="" type="checkbox"/> This is my primary residence		
	<input type="checkbox"/> NH Resident for one year preceding April 1st in the year in which the tax credit is claimed (Veterans' Credit)		
	<input type="checkbox"/> NH Resident for Five Consecutive Years preceding April 1st in the year the exemption is claimed (Disabled & Deaf Exemptions)		
	<input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1st in the year the exemption is claimed (Elderly Exemption)		
STEP 6 OWNER-SHIP	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? _____		
STEP 7 SIGNATURES	Under penalties of perjury, I hereby declare that the above statements are true.		
	SIGNATURE (IN INK) OF PROPERTY OWNER		DATE
	SIGNATURE (IN INK) OF PROPERTY OWNER		DATE
	Robert H. Mauer Sr.		3/20/16
	Robert H. Mauer Sr.		3/20/16
WHEN TO FILE	Deadline: Form PA-29 must be filed by April 15th preceding the setting of the tax rate. The assessing officials shall send written notice to the taxpayer of their decision by July 1st prior to the date of notice of tax. Failure of the assessing officials to respond shall constitute a denial of the application. Example: If you are applying for an exemption and/or credit off your 2010 property taxes, which are due no earlier than December 1, 2010, then you have until April 15th, 2011 to file this form. The assessing officials have until July 1st, to send notice of their decision. Failure of the assessing officials to respond shall constitute a denial of the application.  A late response or a failure to respond by assessing officials does not extend the appeal period.  Date of filing is when the completed application form is either hand delivered to the city/town, postmarked by the post office, or receipted by an overnight delivery service.		
APPEAL PROCEDURE	If an application for a property tax exemption or tax credit is denied by the town/city, an applicant may appeal in writing on or before September 1st following the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2009 property taxes, you have until September 1, 2010, to appeal.  Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify EXEMPTION APPEAL.		

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

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**PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS**  
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**MUNICIPAL AUTHORIZATION**

**VETERANS' TAX CREDIT**

CITY/TOWN TAX MAP #	BLOCK #	LOT #	Granted	Denied	Date
<input type="checkbox"/> Veterans' Tax Credit (\$50 minimum to \$500)		Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Service Connected Total & Permanent Disability (\$700 minimum to \$2000)		Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Surviving Spouse of Veteran Who Was Killed or Who Died on Active Duty (\$700 minimum to \$2000)		Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Review Discharge Papers (Form DD214), Form # _____					
<input type="checkbox"/> Other Information _____					

**VETERANS' EXEMPTION**

Total Exemption	(a) Veteran	(b) Surviving Spouse	Granted	Denied	Date
<input type="checkbox"/>	_____				

**APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS**

Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
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Asset Limits			80 + years of age	\$ _____
Single	\$ _____	\$ _____		
Married	\$ _____	\$ _____		

**OTHER EXEMPTIONS**

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<input type="checkbox"/> Improvements to Assist the Deaf	_____	<input 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 checked="" type="checkbox"/> Solar Energy Systems Exemption	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/10
<input type="checkbox"/> Woodheating Energy Systems Exemption	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
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**Municipal Notes**

3-30-16  
 As solar system is not currently assessed exemption will not be added until 2017 tax year when system will become assessed / taxed LHM.

Selectmen/Assessor(s) Printed Name	Signatures(s) of Approval (In Ink)	Date
Jason Tardiff		
Kate Walker		
David Eaton		

485-9035

3-28-2016 RECEIVED

FORM PA-29

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PROPERTY OWNERS NAME

PROPERTY OWNERS NAME

TAX MAP/LOCK#

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**PERMANENT APPLICATION FOR PROPERTY TAX CREDIT/EXEMPTIONS**  
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<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 checked="" type="checkbox"/> Solar Energy Systems Exemption	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/16
<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"/>	_____

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3-30-16  
Municipal Notes  
As solar system is not currently assessed, exemption will not be added. When solar system begins assessment in 2017 exemption will be added LJM

Selectmen/Assessor(s) Printed Name	Signatures(s) of Approval (In Ink)	Date
Jason Tardiff		
Kate Walker		
David Eaton		