

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/
TAX CREDITS/DEFERRAL APPLICATION**

Property for which Exemption/Tax Credit/Deferral is claimed:

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME Lavigne	FIRST NAME Conrad	INITIAL M		
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL		
	MAILING ADDRESS 10 Dwight Ave				
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 10 Dwight Ave				
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 8		BLOCK # 85	LOT #	
	VETERANS' TAX CREDIT			<u>Granted/Denied</u> <u>Date</u>	
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ <u>500</u>	<input checked="" 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/CU Partner 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 (ei: Form DD214), Form # _____			
	<input type="checkbox"/>	Other Information _____			
	VETERANS' EXEMPTION			<u>Granted</u> <u>Denied</u> <u>Date</u>	
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<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	\$ _____	\$ _____	65 - 74 years of age	\$ _____	
Married	\$ _____	\$ _____	75 - 79 years of age	\$ _____	
Asset Limits			80 + years of age	\$ _____	
Single	\$ _____	\$ _____			
Married	\$ _____	\$ _____			
OTHER EXEMPTIONS			<u>Granted</u> <u>Denied</u> <u>Date</u>		
<input type="checkbox"/>	Elderly Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Disabled Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Blind Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
Elderly & Disabled Tax Deferral			<u>Granted</u> <u>Denied</u>		
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
For Deferrals: This page must be returned to the property owner after approval or denial on or before July 1st following the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)					
STEP 3 COM- MENTS/ NOTES	Municipal Comments/Notes				
	ALL VET CREDIT				
STEP 4 SIGNA- TURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date		
	Aboul B. Khan, Chairman				
	Theresa Kyle				
	Ella Brown				
APPEAL PROCEDURE	If an application for a property tax exemption or tax credit is denied, 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 2013 property taxes, you have until September 1, 2014, 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 www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify EXEMPTION APPEAL .				

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

JAN 27 2020

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER
 APPLICANT'S LAST NAME: LAVIGNE
 APPLICANT'S FIRST NAME: COARAO M
 MI: []
 If required, is a PA-33 on file? Yes No
 Town of Seabrook Assessor's Office
 APPLICANT'S LAST NAME: []
 APPLICANT'S FIRST NAME: []
 MI: []
 PHONE NUMBER: 394-5925
 APPLICANT'S LAST NAME: same
 APPLICANT'S FIRST NAME: []
 MI: []
 PHONE NUMBER: []
 MAILING ADDRESS: 10 DWIGHT AVE
 CITY/TOWN: SEABROOK STATE: NH ZIP CODE: 03874
 PROPERTY ADDRESS: 10 DWIGHT AVE TAX MAP: P BLOCK: 85 LOT: 0
 IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

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: COARAO M. LAVIGNE Dates of Military Service Enter (MMDDYYYY): 5-26-1977 5-25-1981
 4. Date of Entry: 5-26-1977 5. Date of Discharge/Release: 5-25-1981
 IF A VETERAN OF ALLIED COUNTRY (RSA 72:32)
 6. Name of Allied Country Served In: [] 7. Branch of Service: AIR FORCE
 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

PROPERTY OWNER NAME

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)
LOCAL OPTIONAL EXEMPTIONS (if adopted by city/town)
 12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62)
 Deaf Exemption (RSA 72:38-b) Wind-Powered Energy Systems Exemption (RSA 72:68)
 Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)

TAX MAP | BLOCK | LOT

STEP 4 RESIDENCY

13. 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

14. 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: 1/27/2020
 SIGNATURE (IN INK) OF PROPERTY OWNER: [] DATE: []

all VC

VETERANS' CREDIT QUALIFICATIONS WORKSHEET
In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

Name of Municipality: Seabrook
Name of Applicant: Conrad M. Lavigne
Address of Applicant's Principal Place of Abode: 10 Dwight Ave
Map and Lot Number of Applicant's Principal Place of Abode: 8-85
Date of Original Application to Municipality: 1-27-2020

Regular Veterans' Tax Credit (RSA 72:28)

Date Range of Active Duty From DD214 or other qualifying discharge papers;
(90 days must be within this range) 5-26-77 - Name of Conflict: _____

5-25-81
Was veteran honorably discharged or separated from service? YES NO

If applicable, list any qualifying medals earned: _____

For a list of qualifying medals go to: http://www.nh.gov/revenue/property_tax/veterans_medals_list.doc

For a list of qualifying discharge papers go to:
http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Dischg_Papers_Web_0804.doc

Documentation Reviewed By: Gyana Camilo Application Approved by: At 1/30/2020

Service Connected Total and Permanent Disability (RSA 72:35)

The municipality has seen a copy of the letter provided by the United States Department of Veterans' Affairs certifying that the applicant is rated totally and permanently disabled from service connection and has approved or denied this application accordingly.

Documentation Reviewed By: _____ Application Approved by: _____

Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty (RSA 72:29-a) or, Certain Disabled Veterans (RSA 72:36-a)¹

For 72:29-a: The municipality has seen a copy of the DD214 discharge papers or a copy of the DD Form 1300, Report of Casualty, or other qualifying discharge papers of the veteran's spouse and has determined that the veteran, in this case, died or was killed while on active duty in the armed forces of the United States of America in the wars, conflicts or armed conflicts, or combat zones set forth in RSA 72:28 and has approved or denied this application accordingly.

For 72:36-a: The municipality has seen a letter from the VA certifying that the veteran did receive assistance from the VA in acquiring his residential real estate.

Documentation Reviewed By: _____ Application Approved By: _____

Date of Review: _____ Date of Review: _____ Date of Review: _____

DD FORM 1 JUL 79 214		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY		
1. NAME (Last, first, middle) MAVIONE CONRAD MICHAEL		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REG AF		3. SOCIAL SECURITY NO. [REDACTED]		
4a. GRADE, RATE OR RANK SGT	4b. PAY GRADE E4	5. DATE OF BIRTH 1957 Jan 24	6. PLACE OF ENTRY INTO ACTIVE DUTY Boston, MA			
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 97 MMS (SAC)			8. STATION WHERE SEPARATED Blytheville AFB, AR			
9. COMMAND TO WHICH TRANSFERRED USAFR			10. SGLI COVERAGE AMOUNT \$ <u>20</u> 000 <input type="checkbox"/> NONE			
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 46250, Weapons Mechanic, 3 years and 5 months.		11. RECORD OF SERVICE				
		YEAR (s)	MON (s)	DAY (s)		
		a. Date Entered AD This Period	1977	May	26	
		b. Separation Date This Period	1981	May	25	
		c. Net Active Service This Period	04	00	00	
		d. Total Prior Active Service	00	00	00	
		e. Total Prior Inactive Service	00	01	15	
		f. Foreign Service	01	05	28	
g. Sea Service	NA					
h. Effective Date of Pay Grade	1980	Mar	01			
i. Reserve Oblig. Term. Date	1983	Apr	10			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Good Conduct Medal (26 May 1977 through 25 May 1980), Air Force Longevity Service Ribbon.						
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) Weapons Mechanic, 8 weeks, Jul 1977, NCO Orientation Course (PNE) Phase I, 1 week, Apr 1980.						
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID 12.5		
18. REMARKS Not Applicable						
19. MAILING ADDRESS AFTER SEPARATION 34 Prince St. Danvers, MA 01923			20. MEMBER REQUESTS COPY 6 BE SENT TO <u>MA</u> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Conrad M. Faurig</i>		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN CHESTER C. WORDEN, MSgt, USAF NCOIC, Quality Force Section <i>Chester Worden</i>				

RECEIVED

JAN 27 2020

Town of Seabrook
Assessor's Office

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY AFR 39-10	26. SEPARATION CODE SPD--MBK	27. REENLISTMENT CODE U	
28. NARRATIVE REASON FOR SEPARATION Expiration term of active obligated service			
29. DATES OF TIME LOST DURING THIS PERIOD None		30. MEMBER REQUESTS COPY 4 <input checked="" type="checkbox"/> INITIALS <i>[Signature]</i>	