

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	FIRST NAME	INITIAL
	Gaiero	Richard	J
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS	PO Box 2075	
	CITY/TOWN	STATE	ZIP CODE
	Seabrook	NH	03874
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED		
	132 Garden St		

STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP #	BLOCK #	LOT #
	14	6	10
	VETERANS' TAX CREDIT		
	Granted/Denied Date		
<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$	500 <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		

<input type="checkbox"/> Total Exemption		<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse/CU Partner	Granted	Denied	Date
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			Granted	Denied	Date
<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		Amount \$	Granted	Denied
<input type="checkbox"/>	Elderly and Disabled Tax Deferral		<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 COMMENTS/ NOTES	Municipal Comments/Notes
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STEP 4 SIGNATURES	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

RECEIVED

SUN - 4 2019

FORM PA-29

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 Seabrook
Assessor's Office

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: Richard + Christine Gaiero

If required, is a PA-33 on file? YES NO

APPLICANT'S LAST NAME: Gaiero APPLICANT'S FIRST NAME: Richard MI: J. PHONE NUMBER: _____

APPLICANT'S LAST NAME: _____ APPLICANT'S FIRST NAME: _____ MI: _____ PHONE NUMBER: _____

MAILING ADDRESS: P.O. Box 2075

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 13a Garden St TAX MAP: 14 BLOCK: 6 LOT: 10

IS THIS YOUR PRIMARY RESIDENCE? YES NO

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR: Tax Credit Veterans' Standard (RSA 72:28) Tax Credit for Service-Connected Total Disability (RSA 72:35) Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: Richard J. Gaiero Dates of Military Service Enter (MMDDYYYY): _____

4. Date of Entry: 7-7-66 5. Date of Discharge/Release: 4-1-1970

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

6. Name of Allied Country Served in: Vietnam 7. Branch of Service: NAVY 8. Please Check One: US Citizen at time of entry into Service Alien but resident of NH at time of entry into Service

9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide 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 72:66) Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)

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: 6-4-2019

SIGNATURE (IN INK) OF PROPERTY OWNER: _____ DATE: _____

WHEN TO FILE

Form PA-29 must be filed by April 15 preceding the setting of the tax rate. The municipal assessing officials shall send written notice to the taxpayer of their decision by July 1 prior to the date of notice of tax. Failure of the municipal assessing officials to respond shall constitute a denial of the application. (See instructions for more details)

APPEAL PROCEDURE

If an application for a property tax exemption or tax credit is denied by the municipality, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the NH Board of Tax and Land Appeals (BTLA) or to the Superior Court in the county where the property is located. (See instructions for more details)

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

629

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: Richard J. Gaiero
Address of Applicant's Principal Place of Abode: 132 Garden St
Map and Lot Number of Applicant's Principal Place of Abode: 14-6-10
Date of Original Application to Municipality: 6-4-2019

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) 7-7-66 - 4-1-1970 Name of Conflict: Vietnam

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_Disch_Papers_Web_0804.doc

Documentation Reviewed By: Gemma Carreira 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: _____

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME GAIERO, Richard Joseph		2. SERVICE NUMBER EM 50 11		3. SOCIAL SECURITY NUMBER 000 24 6822																					
	4. DEPARTMENT COMPONENT AND BRANCH OR CLASS NAVY-USN			5a. GRADE, RATE OR RANK AE2	A. PAY GRADE E-5	6. DATE OF RANK 16 OCT 68	DAY MONTH YEAR																			
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Haverhill, Massachusetts		9. DATE OF BIRTH 02 OCT 45	DAY MONTH YEAR																				
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 19 57 45 102		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 57, Haverhill, Essex, Massachusetts 01830			c. DATE INDUCTED 3A																				
	11a. TYPE OF TRANSFER OR DISCHARGE Released from active duty and transferred to Naval Reserve		b. STATION OR INSTALLATION AT WHICH EFFECTED Fighter Squadron 32 at NAS Oceana, Virginia																							
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY REDUCED IN AUTHORIZED STRENGTH -2IG-			d. EFFECTIVE DATE 01 APR 70	e. TYPE OF CERTIFICATE ISSUED (See Remarks)																					
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Fighter Squadron THIRTY TWO			13a. CHARACTER OF SERVICE HONORABLE		13b. REENLISTMENT CODE RE-1																				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Naval Reserve Manpower Center, Bainbridge, Maryland 21905																									
	16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION 10 MAR 72			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input checked="" type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) 4																				
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SA-JCT		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Boston, Massachusetts																					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 5 Lexington Ave., Bradford, Essex, Massachusetts 01830		22. STATEMENT OF SERVICE																							
	23a. SPECIALTY NUMBER & TITLE 8324-F4 System Organizational Maintenance Technician		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 825-Electricians		c. DATE OF ENTRY 07 JUL 66																					
					d. TOTAL ACTIVE SERVICE 03 08 25																					
					e. FOREIGN AND/OR SEA SERVICE 02 09 22																					
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal																									
25. EDUCATION AND TRAINING COMPLETED Aviation Electricians Mate Class "A" School completed 25 JAN 67 F-4 Electrical Systems Organizational Maintenance Course completed 19 JUL 68 USAFI Correspondence Course, Fundamentals of Electricity, completed AUG 67 Navy Training Course for Airman completed 07 JAN 67 Navy Training Course for Basic Military Requirements completed 07 JAN 67 Navy Training Course for Military Requirements for Petty Officer 3rd completed 02 MAY 67 Navy Training Course for Aviation Electricians Mate 3 & 2 completed 03 JUN 68																										
VA AND EMP. SERVICE DATA	26. NON-PAY PERIODS/TIME LOST (Recording Two Years) TL NONE EMIU NONE		27. DAYS ACCRUED LEAVE PAID NINETEEN(19)		28. INSURANCE IN FORCE & AMOUNT OF ALLOTMENT (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ NA		c. MONTH ALLOTMENT DISCONTINUED NA																			
			29. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000																					
REMARKS	30. REMARKS COLLEGE - 1 NO DISCHARGE CERTIFICATE ISSUED AT TIME OF SEPARATION																									
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AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 5 Lexington Ave., Bradford, Essex, Massachusetts 01830			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Richard Joseph GAIERO																						
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER B. G. FICKA, LT, USN, Personnel Officer By direction of the Commanding Officer			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [Signature]																						



Collier County Property Appraiser

GAIERO, RICHARD & CHRISTINE
 3410 FROSTY WAY
 UNIT 480B
 NAPLES, FL 34112

SUMMARY OF YOUR PROPERTY VALUATION

Market Value	2017	2018
	122,370	126,108

If you feel that the market value of your property is inaccurate or does not reflect fair market value, or if you are entitled to an exemption or classification that is not reflected below, contact your county property appraiser at: (239) 262-8141

If the Property Appraiser's Office is unable to resolve the matter as to the market value, disqualification, or an exemption, you may file a petition for adjustment with the Value Adjustment Board. Petition forms are available from the County Property Appraiser and must be filed on or before: 5 PM SEPTEMBER 14, 2018

Taxing Authorities	Assessed Value		Exemptions		Taxable Value	
	Last Year	This Year	Last Year	This Year	Last Year	This Year
County	68,965	126,108	43,965	0	25,000	126,108
Public Schools	68,965	126,108	25,000	0	43,965	126,108
Municipality	0	0	0	0	0	0
South Florida Water Met District	68,965	126,108	43,965	0	25,000	126,108
Independent Special Districts	68,965	126,108	43,965	0	25,000	126,108

Assessment Reductions	Applies To	Amount
Save Our Homes Benefit	All Taxes	0
10% Non-Homestead Cap	Non-School Taxes	0
Agricultural Classification	All Taxes	0
Working Waterfront	All Taxes	0
Other	All Taxes	0

Exemptions	Applies To	Amount
First Homestead	All Taxes	0
Additional Homestead	Non-School Taxes	0
Limited Income Senior	County Taxes	0
Limited Income Senior	City Taxes	0
Blind, Widow, Disabled, Other	All Taxes	0

NOTICE OF PROPOSED AD VALOREM ASSESSMENTS

TAXING AUTHORITIES	COLUMN 1*		COLUMN 2*		COLUMN 3*		PUBLIC HEARING INFORMATION A public hearing on the proposed taxes and budget will be held on:
	Your Property Taxes	Last Year's Actual	Your Taxes This Year IF NO Budget Change	Your Tax Rate This Year IF NO Budget	Your Taxes This Year if PROPOSED	This Year's PROPOSED	

owned #100 Reg 2017 - OKTOWN Clerk Reg. as Resident
 978-807-0908 2017
 Richard
 Vehicles
 Sold in Mass 2017
 Friends - Saab. Beh
 Betty McSwiggan
 Dought Fla. 2019 - Naples
 Not resident of FLA