

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

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

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

| | | | |
|---|----------------------------|------------|----------|
| STEP 1 NAME AND ADDRESS | PROPERTY OWNER'S LAST NAME | FIRST NAME | INITIAL |
| | TITONE FRANCIS J ETALS | | |
| | PROPERTY OWNER'S LAST NAME | FIRST NAME | INITIAL |
| | TITONE JAMES D | | |
| | MAILING ADDRESS | | |
| 271B PORTSMOUTH AVE | | | |
| CITY/TOWN | | STATE | ZIP CODE |
| SEABROOK, NH | | | 03874 |
| PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED | | | |
| 271B PORTSMOUTH AVE | | | |

| | | | | |
|---|---|-----------|---|--|
| STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL | CITY/TOWN TAX MAP # | BLOCK # | LOT # | |
| | 20 | 271 | 100 | |
| | VETERANS' TAX CREDIT | | | Granted/Denied Date |
| | <input checked="" type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500) | Amount \$ | 167 | <input type="checkbox"/> <input type="checkbox"/> 01/30/20 |
| | <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"/> | |

| | | | |
|--|-----------|--------------------------|--------------------------|
| <input type="checkbox"/> Elderly & Disabled Tax Deferral | Amount \$ | Granted | Denied |
| | | <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 |
| | NEW FOR 2020, 1/3RD 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

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Seabrook Assessor's Office

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: _____

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

APPLICANT'S LAST NAME: TITONE APPLICANT'S FIRST NAME: JAMES MI: D ASSIGNEE NUMBER: _____

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

MAILING ADDRESS: 271 B PORTSMOUTH AVE

CITY/TOWN: SEABROOK STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 271B Portsmouth Ave. TAX MAP: 20 BLOCK: 271 LOT: 100

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: JAMES D. TITONE Dates of Military Service Enter (MMDDYYYY): _____

4. Date of Entry: 2/8/68 5. Date of Discharge/Release: 7/16/68

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

6. Name of Allied Country Served in: JAMES D. TITON 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

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 72:66)
 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? 35%

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: James D. Titone DATE: 12/16/19

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

VC
2570
OT-Credit

2N 3680723

IMPORTANT RECORD
WARD IT.

| | | | | | | | | |
|----------------------------|--|--|---|----------------------------|--|--|--|-----------|
| PERSONAL DATA | 1. LAST NAME - FIRST NAME - MIDDLE NAME TITONE JAMES DAVID | | 2. SERVICE NUMBER ER 11 497 230 | | 3. SOCIAL SECURITY NUMBER [REDACTED] | | | |
| | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY USAR FC | | 5a. GRADE, RATE OR RANK PVT (P) | b. PAY GRADE E-2 | 6. DATE OF RANK DAY: 26 MONTH: Feb YEAR: 68 | 7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | 8. PLACE OF BIRTH (City and State or Country) Lawrence, Massachusetts | | 9. DATE OF BIRTH DAY: 23 MONTH: Oct YEAR: 49 | | 10a. SELECTIVE SERVICE NUMBER NA | | | |
| SELECTIVE SERVICE DATA | b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA | | c. DATE INDUCTED DAY: NA MONTH: NA YEAR: NA | | 11a. TYPE OF TRANSFER OR DISCHARGE Release to USAR (See Item 30) | | | |
| | b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Benjamin Harrison, Indiana 46216 | | c. REASON AND AUTHORITY AR 635-200 SPN 764 Release of REP 63 Trainee Upon Completion of MOS Training | | d. EFFECTIVE DATE DAY: 16 MONTH: Jul YEAR: 68 | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Co C Sp Trps (WIEK CO-A) USASC/FBH SUSA | | |
| TRANSFER OR DISCHARGE DATA | 13a. CHARACTER OF SERVICE HONORABLE | | b. TYPE OF CERTIFICATE ISSUED NONE | | 14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Revert to USAR of Massachusetts | | | |
| | 15. REENLISTMENT CODE NONE | | 16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION DAY: 26 MONTH: Oct YEAR: 73 | | 17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER Ordered to ACQUITA | | b. TERM OF SERVICE (Years) DAY: NA MONTH: 8 YEAR: Feb 68 | |
| | 18. PRIOR REGULAR ENLISTMENTS NONE | | 19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-1 (P) | | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Lawrence, Massachusetts | | | |
| SERVICE DATA | 21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 105 Prospect Street Lawrence, Massachusetts 01843 | | 22. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS | |
| | 23a. SPECIALTY NUMBER & TITLE 73C20 Pay Disb Spec | | b. RELATED CIVILIAN OCCUPATION AND DUTY NUMBER 215.488 Payroll Clerk | | 4. CREDITABLE FOR BASIC PAY PURPOSES | | | |
| | 24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE | | 25. EDUCATION AND TRAINING COMPLETED | | (1) NET SERVICE THIS PERIOD | 0 | 5 | 9 |
| | | | | | (2) OTHER SERVICE | 0 | 3 | 22 |
| VA AND EMP. SERVICE DATA | 26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NONE | | b. DAYS ACCRUED LEAVE PAID 14 Days | | 27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | b. AMOUNT OF ALLOTMENT NA | |
| | 28. VA CLAIM NUMBER NA | | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE | | c. MONTH ALLOTMENT DISCONTINUED NA | | | |
| REMARKS | 30. REMARKS Highest Civilian Education Level: 12 Years Blood Group: "A" Item 11a: Released from active duty and returned to state control as a member of the Army Reserves of Massachusetts to complete remaining service obligation of 5 Year and 4 Months. | | | | | | | |
| | 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM 21 | | | | 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED [Signature] | | | |
| AUTHENTICATION | 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER A. J. GUILL, CW4, USA, Asst Adjutant | | | | 34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [Signature] | | | |

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Town of Seabrook
Assessor's Office
Pay Disbursement Specialist

200748

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: JAMES D. TITONE
Address of Applicant's Principal Place of Abode: 271 B PORTSMOUTH AVE
Map and Lot Number of Applicant's Principal Place of Abode: 20-271-100
Date of Original Application to Municipality: 11/6/19

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) 2/8/68 - 7/16/68 Name of Conflict: _____

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_Discharge_Papers-Web_0804.doc

Documentation Reviewed By: AT 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: _____

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)

20-271-100

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE

TYPE OR PRINT

| | | | |
|---|-------------------------|------------------------|-------------------|
| OWNER | TITONE, FRANCIS J ETALS | | |
| APPLICANT'S LAST NAME | JAMES D. TITONE | APPLICANT'S FIRST NAME | MI |
| APPLICANT'S LAST NAME | | APPLICANT'S FIRST NAME | MI |
| MAILING ADDRESS | 271 B PORTSMOUTH AVE | | |
| CITY/TOWN | SEABROOK | STATE | NH ZIP CODE 03824 |
| PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed | | | |

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: (check one)

- Grantor/Revocable Trust
- Equitable Title holder or
- Beneficial interest 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 of Trust (if different than above): _____

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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) _____ PRINT NAME _____ DATE _____

TELEPHONE NUMBER 603 394 5794

| | |
|----------------------|---|
| WHO MUST FILE | To be completed by property owners wishing to establish their status as grantor of a revocable trust, holding equitable title or the beneficial interest of a trust, or a life estate in a property. RSA 72:29, VI. For purposes of RSA 72:28, 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 | This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered. |

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Town of Seabrook
Assessor's Office