

**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 Barry	FIRST NAME Thomas	INITIAL			
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL			
	MAILING ADDRESS 183 South Main St					
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874			
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 183 South Main St					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 16		BLOCK # 21	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"/>
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/>	<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"/>
	<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"/>	(b) Surviving Spouse/CU Partner
	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"/>	
<input type="checkbox"/>	Disabled Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____	<input type="checkbox"/>	<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"/>	
<input type="checkbox"/>	Blind Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<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			<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 COMMENTS/ NOTES	Municipal Comments/Notes					
STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date			
	About 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

all vet 2030

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

RECEIVED

JUN 10 2019

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: BARRY THOMAS & LORI

APPLICANT'S LAST NAME: Same APPLICANT'S FIRST NAME: Barry MI: PHONE NUMBER:

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

MAILING ADDRESS: 183 SOUTH MAIN ST

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

PROPERTY ADDRESS: 183 South main st TAX MAP: 16 BLOCK: 21 LOT: 0

IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of Seabrook?
If required is a PA-29 Assessor's Office
 YES NO

PROPERTY OWNER NAME

STEP 2 VETERAN'S INFORMATION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR: Tax Credit Veterans' Standard (RSA 72:28) - *all vet*
 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: THOMAS A. BARRY Dates of Military Service Enter (MMDDYYYY): 4. Date of Entry: 3/24/82 5. Date of Discharge/Release: 6/24/86

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

6. Name of Allied Country Served in: 7. Branch of Service: Army 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:

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?

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: 6/10/2019

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)

all vet 2030

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: Thomas A Barry

Address of Applicant's Principal Place of Abode: 183 So Main St

Map and Lot Number of Applicant's Principal Place of Abode: 16-21-0

Date of Original Application to Municipality: 6/10/19

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) 3/24/82 - 6/24/86

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: Samantha Canino Application Approved by: AB 1/14/20

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: _____

¹ Revised September, 2006
veteransworksheets\WInst

DD FORM 214
1 JUL 79

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) **BARRY, THOMAS ALLAN** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/RA** 3. SOCIAL SECURITY NO. [REDACTED]

4a. GRADE, RATE OR RANK **SGT** 4b. PAY GRADE **E-5** 5. DATE OF BIRTH **590628** 6. PLACE OF ENTRY INTO ACTIVE DUTY **MEPS, Portland, ME**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **USAISC Det INSCOM-Kunia INSCOM AS** 8. STATION WHERE SEPARATED **Ft Shafter, HI**

9. COMMAND TO WHICH TRANSFERRED **USAR Con Gp (Reinf) RCPAC St Louis, MO 63132-5200** 10. SGLI COVERAGE AMOUNT \$ **50,000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)	12. RECORD OF SERVICE			
	YEAR (s)	MON (s)	DAY (s)	
29F20, Fixed Communications Security Equipment Repairer, 3 yrs, 4 mos//NOTHING FOLLOWS	a. Date Entered AD This Period	82	03	24
	b. Separation Date This Period	86	06	24
	c. Net Active Service This Period	04	03	01
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	00	13
	f. Foreign Service	02	11	29
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	85	07	01
	i. Reserve Oblig. Term. Date	88	03	23

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) **Army Service Ribbon// Good Conduct Medal//Overseas Service Ribbon (1)//Rifle, M-16 Qual Badge (Marksman)// NOTHING FOLLOWS**

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) **Criticom Time Division Multiplexing Maint Crs, 12 wks, May 83//Limited Maint (DG-81), 1 wk, Sep 83//Limited Maint (KG-84), 1 wk, Sep 83//Telephone Converter Digitizer, 1 wk, Jan 84//Operator Divert Support Maint, 1 wk, Feb 84//Multiplexer Maint, 5 wks, Apr 85//Channel Converter, 1 wk, May 84// Demux Maint, 2 wks, May 84// NOTHING FOLLOWS**

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID **None**

18. REMARKS **Dental care was provided within 90 days of separation//Extension of service was at the request and for the convenience of the Government//NOTHING FOLLOWS**

RECEIVED

JUN 10 2019

Town of Seabrook Assessor's Office

19. MAILING ADDRESS AFTER SEPARATION **91-617 Kilaha Street #57 Twa Beach, HI 96706** 20. MEMBER REQUESTS COPY 6 BE SENT TO ME DIR. OF VET AFFAIRS YES NO

SIGNATURE OF MEMBER BEING SEPARATED **Thomas A Barry** 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **D. C. BERRY, SFC, USA, ACOIC, USA TRF, PT**