FORM PA-35

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

Property for which Exemption/Tax

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

Credit/Deferral is claimed:

PROPERTY OWNER'S LAST NAME FIRST NAME INITIAL Boudreaux Madelyn C NAME AND PROPERTY OWNER'S LAST NAME FIRST NAME INITIAL PROPERTY OWNER'S NAME **ADDRESS** MAILING ADDRESS 18 Viola Circle STATE ZIP CODE CITY/TOWN Seabrook NH 03874 PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 18 Viola Circle BLOCK# 29 CITY/TOWN TAX MAP # 14 LOT# 15 STEP 2 EXEMP-**VETERANS' TAX CREDIT** Granted/Denied Date TIONS/ 500 TAX Veterans' Tax Credit \$50 minimum (to \$500) Amount \$ CRED-2,000 Service Connected Total & Permanent Disability \$700 minimum to \$2000 Amount \$ ITS/ Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000) Amount \$ DEFER-RAL Review Discharge Papers (ei: Form DD214), Form #_ Other Information **VETERANS' EXEMPTION** Granted Denied (b) Surviving Spouse/CU Partner (a) Veteran Total Exemption 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 OWNER'S NAME \$ Married \$ 75 - 79 years of age \$ 80 + years of age **Asset Limits** S \$ Single \$ \$ Married OTHER EXEMPTIONS Granted Denied <u>Date</u> Elderly Exemption Amount \$ Disabled Exemption Amount \$__ Improvements to Assist the Deaf Amount \$ Improvements to Assist Persons with Disabilities Amount \$ Blind Exemption Amount \$ Deaf Exemption Amount \$ _ Amount \$ ___ Solar Energy Systems Exemption Woodheating Energy Systems Exemption Amount \$ _____ Wind-Powered Energy Systems Exemption Amount \$ **Elderly & Disabled Tax Deferral** Granted Denied Amount \$... Elderly and Disabled Tax Deferral 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) Municipal Comments/Notes STEP 3 COM-MENTS/ **NOTES** Signature of Selectmen/Assessor(s) in ink Selectmen/Assessor(s) Printed Name Date STEP 4 SIGNA-Aboul B. Khan, Chairman **TURES** Theresa Kyle Ella Brown 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**. APPEAL PROCE-DURE

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

STEP 1	OWNER AND APPLICANT INFORMATION					
OWNER AND	A CONTROL A STREET AND A STREET					
APPLICANT						
NAME AND	Boulreaux madelyn C.				PHONE NOMBEROMICS	
ADDRESS	APPLICANT'S LAST NAME	APPLICANT'S FIRST N	AME	MI	PHONE NUMBER	
			· HVI sim		THOME NOWING	
	MAILING ADDRESS	PRESENT TO SERVE	SEPANDAÇÃ AV		W activity of the second	
	18 Noig Circle					
					ZIPCODE	
	PROPERTY ADDRESS		9 9	NH	03874	
	18 vicia circle	LORGE BUILDING SANDERS	TAX MAP	BLOCK 29	LOT 15	
	IS THIS YOUR PRIMARY RESIDENCE? OYES	ONO		0.20		
		TERAN'S INFORMA	TION			
STEP 2	1. APPLICANT IS THE: 2. APPLYING FOR:					
VETERANS' TAX CREDITS						
AND						
EXEMPTION						
	Surviving Spouse 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 Dates of Military Service Enter (MMDDYYYY) IF A VETERÁN OF ALLIED COUNTRY: (RSA 72:32)					
	6. Name of Allied Country Served in 7. Branch of Service 9. Does any other eligible Veteran own interest in this property? 8. Please Check One. YES NO ITYES, provide name US Citizen at time of entry into Service					
	00		The second second second second	AND REAL PROPERTY.	t time of entry into Service	
STEP 3	STANDARD EXEMPTIONS					
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 Energ	gy Systems Exem	iption (RSA 72:7	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 prece					
	Militasident for timee consecutive reals prece	And April 7 in the year th	e exemplion is cia	anned (Eldeny E	xemption)	
STEP 5 OWNERSHIP	14. Do you own 100% interest in this residence? Ves No If NO, what percent (%) do you own?					
STEP 6	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.					
SIGNATURES	Made Com during				1/10/20	
	SIGNATURE (IN INK) OF PROPERTY OWNER	Y			DATE	
		M				
	SIGNATURE (IN INK) OF PROPERTY OWNER				DATE	



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

rame of Municipality: SEABROOK					
Jame of Applicant: madelyn C Boudreaux					
Address of Applicant's Principal Place of Abode 18 VIOIQ CIRCLE					
Map and Lot Number of Applicant's Principal Place of Abode: 14-29-15					
Date of Original Application to Municipality: Jan 10, 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) 12/17/99					
Was veteran honorably discharged or separated from service? YESNO					
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 Samma (ancil Application Approved by: 01/14/20					
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: 4 1/4/20					
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:					

Revised September, 2006 veteransworksheetWinst



275 CHESTNUT ST MANCHESTER NH 03101



JAN 1 0 2020

February 22, 2018



Veteran's Name: Boudreaux, Madelyn, Claire



This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

-America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: 433 51 3403

You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Army, Honorable, 27-Jan-1999 - 17-Dec-1999

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 100 PERCENT

The effective date of the last change to your current award was: 01-DEC-2017

Your current monthly award amount is: \$3,084.75

Are you considered to be totally and permanently disabled due to your service-connected

disabilities: Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at https://iris.va.gov.

- 47 JA.

Sincerely yours,

Regional Office Director



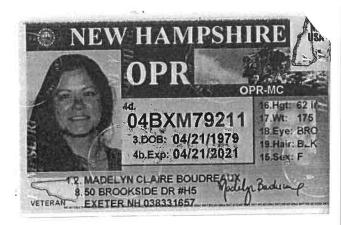
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JAN 1-0 2**020**

Tuwn of Seabrook Assessor's Office ANY ALTERATIONS IN SHAD AREAS RENDER FORM VOID THIS IS AN IMPORTANT RECO CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES SAFEGUARD IT CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 2. DEPARTMENT, COMPONENT AND BRANCH 3. SOCIAL SECURITY NO. 1. NAME (Last, First, Middle) ARMY/RA BOUDREAUX, MADELYN CLAIRE 5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE OBLIG. TERM. DATE 4.a GRADE, RATE, OR RANK 4.6 PAY GRADE A. Year 2006 Month 10 Day E3 19790421 7.6 HOME OF RECORD AT TIME OF ENTRY (City and state, or complete 7.a PLACE OF ENTRY INTO ACTIVE DUTY address if known)
5154 DIETZ APT C
FORT POLK, LA 71459 SHREVEPORT, LA 8.6 STATION WHERE SEPARATED 8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND FORT POLK, LA 71459-5000 0005 AG BN DET A FC 10. SGLI COVERAGE None 9. COMMAND TO WHICH TRANSFERRED Amount: \$ 200,000.00 USAR CRTLGP (ANLTNG) ARPERCEN, 9700 PAGE BLVD, ST LOUIS MO 63132 11. PRIMARY SPECIALTY (List number, title and years and months in 12. RECORD OF SERVICE Year(s) Month(s) Day(s) specialty. List additional specialty numbers and titles involving periods of one or more years.)
75H10 00 PERSONNEL SERVICES SPECIALIST--0
YRS-6 MOS//NOTHING FOLLOWS a. Date entered AD This Period 1999 01 27 17 b. Separation Date This Period 1999 12 c. Net Active Service This Period 0000 10 21 d. Total Prior Active Service 0.000 00 00 e. Total Prior Inactive Service 0000 00 00: 00 f. Foreign Service 00 0000 g. Sea Service 00 00 0000 h. Effective Date of Pay Grade 01 27 1999 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS 14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) PERSONNEL ADMINISTRATIVE SPECIALIST, 8 WEEKS, 1999//NOTHING FOLLOWS 16. DAYS ACCRUED LEAVE PAID 15.6 HIGH SCHOOL GRADUATE OR Yes No 15.3 MEMBER CONTRIBUTED TO POST-VIETNAM ERA Yes No VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM EQUIVALENT NONE X Х 17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 50 DAYS PRIOR TO SEPARATION Yes X No 18. REMARKS 18. MEMARAS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19981026-19990126//BLOCK 1: OTHER NAME(S) OF RECORD. LOPEZ, MADELYN CLAIRE//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING POLLOWS 14 19.b. NEAREST RELATIVE (Name and address - include Zip Code) SANDRA BOUDREAUX 19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 884 MAILI PLACE 884 MAILI PLACE .39525 DIAMONDHEAD, MS DIAMONDHEAD, MS 22. OFFICIAL AUTHORIZED TO SIGN (yped/name; grade, title and signature) M)-TRANSITION POINT LONG, GS8, SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) 24. CHARACTER OF SERVICE (Include upgrades) 23. TYPE OF SEPARATION PERE RELEASE FROM ACTIVE DUTY 27. REENTRY CODE ZE GEPARATION CODE

25. SEPARATION AUTHORITY 635-200, CHAP 8 MDF e i salifi 28. NARRATIVE REASON FOR SEPARATION Section of 30. MEMBER REQUESTS COPY 4 29. DATES OF TIME LOST DURING THIS PERIOD Initials SERVICE - 2 Previous editions are obsolete.

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