

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 Boudreaux	FIRST NAME Madelyn	INITIAL C
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS 18 Viola Circle		
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 18 Viola Circle			

STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	CITY/TOWN TAX MAP # 14	BLOCK # 29	LOT # 15	
	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 checked="" type="checkbox"/> Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ <u>2,000</u>	<input checked="" 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"/> (b) Surviving Spouse/CU Partner	<input type="checkbox"/> <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 \$ _____
			80 + years of age \$ _____
Asset Limits			
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

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

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: MADRYN C BOUDREAU

Address of Applicant's Principal Place of Abode: 18 VIOLA 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) 1/27/99 - 12/17/99

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: [Signature] Application Approved by: [Signature] 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: [Signature] Application Approved by: [Signature] 1/14/20

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: _____

¹ Revised September, 2006
veteransworksheets\Inst

RECEIVED

JAN 10 2020

Town of Seabrook
Assessor's Office

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BOUDREAU, MADELYN CLAIRE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO.		
4.a GRADE, RATE, OR RANK PFC	4.b PAY GRADE E3	5. DATE OF BIRTH (YYYYMMDD) 19790421	6. RESERVE OBLIG. TERM. DATE Year 2006 Month 10 Day 25			
7.a PLACE OF ENTRY INTO ACTIVE DUTY SHREVEPORT, LA		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 5154 DIETZ APT C FORT POLK, LA 71459				
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0005 AG BN DET A FC		8.b STATION WHERE SEPARATED FORT POLK, LA 71459-5000				
9. COMMAND TO WHICH TRANSFERRED USAR CRTLGP (ANLING) ARPERCEN, 9700 PAGE BLVD, ST LOUIS MO 63132			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000.00			
11. PRIMARY SPECIALTY (List number, title and years and months in 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		12. RECORD OF SERVICE				
		Year(s)	Month(s)	Day(s)		
		a. Date entered AD This Period	1999	01	27	
		b. Separation Date This Period	1999	12	17	
		c. Net Active Service This Period	0000	10	21	
		d. Total Prior Active Service	0000	00	00	
		e. Total Prior Inactive Service	0000	00	00	
		f. Foreign Service	0000	00	00	
g. Sea Service	0000	00	00			
h. Effective Date of Pay Grade	1999	01	27			
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						
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		
				Yes	No	
		X		X		
16. DAYS ACCRUED LEAVE PAID NONE						
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
18. REMARKS 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 FOLLOWS						
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 884 MAIL PLACE DIAMONDHEAD, MS 39525			19.b NEAREST RELATIVE (Name and address - include Zip Code) SANDRA BOUDREAU 884 MAIL PLACE DIAMONDHEAD, MS 39525			
20. MEMBER REQUESTS COPY 5 BE SENT TO DA DIR OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Madelyn Boudreau</i>			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) PAUL G. LONG, GSB, CHIEF TRANSITION POINT			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			24. CHARACTER OF SERVICE (include upgrades) HONORABLE			
25. SEPARATION AUTHORITY AR 635-200, CHAP 8			26. SEPARATION CODE MDF		27. REENTRY CODE 3	
28. NARRATIVE REASON FOR SEPARATION PREGNANCY						
29. DATES OF TIME LOST DURING THIS PERIOD NONE					30. MEMBER REQUESTS COPY 4 Initials:	

NEW HAMPSHIRE

OPR

OPR-MC



4d.

04BXM79211

3.DOB: 04/21/1979

4b.Exp: 04/21/2021

- 16.Hgt: 62 in
- 17.Wt: 175
- 18.Eye: BRO
- 19.Hair: B_LK
- 15.Sex: F

1.2. MADELYN CLAIRE BOUDREAUX
 3. 50 BROOKSIDE DR #H5
 EXETER NH 038331657

Madelyn Boudreaux

VETERAN