FORM PA-35

## 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"

	DOODEDTY OWNER	NO LACTALLE	FIRSTALANG		10.1000			
STEP 1 NAME	PROPERTY OWNER Coelho	(S LAS! NAME	FIRST NAME Thomas		INITIAL R			
AND	PROPERTY OWNER	R'S LAST NAME	FIRST NAME		INITIAL			
ADDRES	s							
	MAILING ADDRESS							
	27 Farm Lai	ne		STATE	ZIP CODE			
	Seabrook				3874			
		SS FOR WHICH EXEMPTION/CREDIT	T/DEFERRAL IS CLAIMED	1411	007.			
	27 Farm Lane							
STEP 2	CITY/TOWN TAX MAP # 12		BLOCK# 2	2	LOT# 1			
EXEMP- TIONS/			VETERANS	'TAX CREDIT	Granted/Denied Date			
TAX	✓ Veterans' Ta	x Credit \$50 minimum (to \$50	00)	Amount \$	500 🗸			
CRED-	Service Con	Service Connected Total & Permanent Disability \$700 minimum to \$2000 Amount \$						
ITS/ DEFER-	Surviving Spouse/CU Partner of Veteran Who Was Amount \$							
RAL	Lagrange   Killed or Who Died on Active Duty \$700 minimum (to \$2000)							
	Review Discharge Papers (ei: Form DD214), Form # Other Information							
	Other mion	lauori	A Stanton but at a l'	NI PIJPE KRAPINE I	Secretary Danied D.			
	Total Evans	ntion (a) \		S' EXEMPTION  viving Spouse/CU Partner	<u>Granted</u> <u>Denied</u> <u>Date</u>			
	Total Exem			PTION (OPTIONAL) INCOME	AND ASSET LIMITS			
				-10				
	Income Limits	Disabled Exemption	Elderly Exemption	_	ion Per Age Category			
	Single	\$	\$	65 - 74 years of age	\$			
	Married	\$	\$	75 - 79 years of age	\$			
	Asset Limits	Kat V L . VL		80 + years of age	\$			
	Single	\$	\$	I DEFENDED DE SERVICE				
			·					
	Married	\$	\$					
			OTHER EXEMPTIONS		ranted Denied Date			
	Elderly Exe	•						
	Disabled Ex	•	Amount \$					
		nts to Assist the Deaf						
		nts to Assist Persons with Dis	7 anount $\phi$		<u> </u>			
	Blind Exem	•						
	Deaf Exem			-	<u> </u>			
		y Systems Exemption						
		ng Energy Systems Exemption						
	VVInd-Powe	red Energy Systems Exempti	on Amount \$					
	Elderly & Disabled Tax Deferral Granted Denied							
	Elderly and Disabled Tax Deferral  Amount \$							
	Elderly and Disabled Tax Deferral  Elderly and Disabled Tax Deferral  Amount \$  For Deferrals: This page must be returned to the property owner after approval or denial on or before July							
	1st <i>following</i> the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)							
STEP 3 COM-			Municipal Comment	s/Notes				
VIENTS/								
NOTES	Selectr	nen/Assessor(s) Printed Name	e Signatur	e of Selectmen/Assessor(s) in	ink Date			
STEP 4 SIGNA-			o oignatur	0 01 0010011101117 (0000001(0) 111	- Bato			
URES	Aboul B. Khan, Chairman							
	Theresa Kyle							
	Ella Brown							
APPEAL	If an analisation	for a property few average	or tay gradit is depled	anligant may appeal in writing	on or hofore Ctt 4 4			
PROCE-	following the date	e of notice of tax under RSA	72:1-d to the New Hampshire	oplicant may appeal in writing e Board of Tax and Land Appe	als (BTLA) or to the Superior			
DURE	Court. Example:	If you were denied an exem	ption from your 2013 propert	y taxes, you have until Septem	ber 1, 2014, to appeal.			
	tottile for appeal	calling (603) 271-2578. Be s	ture to enecify <b>EYEMPTION</b>	Pleasant Street, Concord, NH	oooo i, tileli web site at <u>www.</u>			

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS OCT 20.

FORM PA-29	PERMANENT APPLICATION F	PARTMENT OF REVENUE ADMINISTRATION OR PROPERTY TAX CREDITS/EXEMPTIONS DEDING THE SETTING OF THE TAX RATE	RECEIVED				
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER  CCELHO APPLICANT'S LAST NAME  APPLICANT'S LAST NAME  COFIHO MAILING ADDRESS  A7 FARM LN. CITY/TOWN  SEABROOK PROPERTY ADDRESS  A7 FARM LN.	APPLICANT'S FIRST NAME  APPLICANT'S FIRST NAME  MI PHONI  THOMAS  R 978	PROPERTY OWNER NAME  ODE  3874  LOT				
STEP 2 VETERANS' FAX CREDITS AND EXEMPTION							
STEP 3 EXEMPTIONS	Elderly Exemption (Must be 65 years of age on (Enter numbers only MMDDYYYY) 10a. Applicant     Improvements to Assist Persons with Disabilities.		vice entry into Service  39-a)				
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 (Dear) 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? //3/	nt.				
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  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)						
PROCEDURE	September 1 following the date of notice of tax under RS in the county where the property is located. (See instruc	SA 72:1-d, to the NH Board of Tax and Land Appeals (BTLA) or to tions for more details)	the Superior Court	アラシ			

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

Name of Municipality: Seabrook
rame of Applicant: Thomas Coetho
Address of Applicant's Principal Place of Abode 27 Farm Lane
Map and Lot Number of Applicant's Principal Place of Abode:
Date of Original Application to Municipality: 9/9/18
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) 9/29/76 Name of Conflict: 9/28/19
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: <a href="http://www.nh.gov/revenue/property_tax/Veterans Qualifying Dischg Papers - Web 0804.doc">http://www.nh.gov/revenue/property_tax/Veterans Qualifying Dischg Papers - Web 0804.doc</a> Documentation Reviewed B Application Approved by:  1/11/20
rvice 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) <sup>1</sup>
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 veterar 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:

## THIS IS AN IMPORTANT RECORD SAFFGUARD IT.

COPINO THOMAS RICHARD  M  BG. GRADE. HATE OR RANK ORADE  US ARMY AR  OU ELLECTIVE SERVICE NUMBER  DATE OF SEPARATION  M  DATE OF SEPARATION  DATE OF SEPARATION  M  DATE OF SEPARATION  DATE OF SEPARATION  M  DATE OF SEPARATION  DATE OF SEPARATION  SCHOOL STATE OR RANK ORADE  FRANK ORADE  FRA	24 01										
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0. STATION OF INSTALLATION AT WHICH EFFECTED											
The state of the s											
Relieved From Active Duty White Sands Missile Range M 88002	-										
EFFECTIVE	O O										
e. CHARACTER OF SERVICE   / TYPE OF CERTIFICATE ISSUED   10. REENLISTMENT CODE	28										
HONORABLE											
CHECOME OF CHANGE	1)										
	TIVE										
MSS OBLIGATION DUTY THIS PERIO	DAY										
82 08 04 Boston MA 02210 76 09	29										
16. PRIMARY SPECIALTY NUMBER AND   b. RELATED CIVILIAN OCCUPATION AND   18.	29										
95B10 Military Police Policeman & Detect-	DAYS										
Man 770201 ives 375. (a) NET ACTIVE SERVICE THIS PERIOD 03 00	00										
ES: NCNE  TVES 3/3.  (b) PRIOR ACTIVE SERVICE  (0) 00	00										
174. SECONDARY SPECIALTY NUMBER AND   B. RELATED CIVILIAN OCCUPATION AND   (c) TOTAL ACTIVE SERVICE (4+b)	00										
INTER D.O.T. NUMBER (d) PRIOR INACTIVE SERVICE 00 01	24										
(e) TOTAL SERVICE FOR PAY (c+d) 03 01	24										
NONE NONE (// FOREIGN AND/OR SEA SERVICE THIS PERIOD 00 00	00										
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1984 20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years)	-										
TYES THO SECONDARY HIGH SCHOOL 12 VRS (1-12 grades) COLLEGE 1 YRS											
21. TIME LOST (Preceding Two Yrs) 22. DAYS ACCRUED LEAVE PAID 23. SERVICEMEN'S GROUP LIFE 24. DISABILITY SEVERANCE PAY 25. PERSONNEL SECURITY INVESTIGATE											
B15,000 S5,000 YES A TYPE D. DATE COMPLET	ED										
x \$20,000											
NONE 00 =10,000 NONE AMOUNT ENTINAC 5 NOV 7	6										
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED											
45 Cal Pistol MKM Qual Bad, M16 Rifle Exp Qual Bad.											
* ************************************											
27. REMARKS											
Military Education: Law Enforcement/8 wks/1977											
RRB NA											
	30										
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Individual requests a copy of DD Form 2147.											
martina requests a copy or an rotal ratification											
20. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 20. SIGNATURE OF PERSON BEING SEPARATED											
23 High St Motharma MA 018/4											
Methaven MA 01844											
30. TYPE NAME, GRADE AND TITLE OF AUTHORIZING OFFICER  T. C. CADT ANT (T.P. TTCA)											
J.E. SABLAN CW3, USA	j. 1										
Agent Chief Mil Dorg Dier											
Asst Chief, Mil Pers Div  DD FORM 214 PREVIOUS EDITIONS OF THIS IS AN IMPORTANT RECORD REPORT OF SEPARATION FROM ACTIV	-										