

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 Coelho	FIRST NAME Thomas	INITIAL R						
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL						
	MAILING ADDRESS 27 Farm Lane								
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874						
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 27 Farm Lane								
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 12		BLOCK # 22	LOT # 1					
	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"/>	<u> </u>			
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>			
	<input type="checkbox"/>	Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000)	Amount \$ <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>			
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # <u> </u>							
	<input type="checkbox"/>	Other Information <u> </u>							
	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"/>	<u> </u>
	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									
<input type="checkbox"/>	Elderly Exemption	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
<input type="checkbox"/>	Disabled Exemption	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
<input type="checkbox"/>	Blind Exemption	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
<input type="checkbox"/>	Deaf Exemption	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	
Elderly & Disabled Tax Deferral						<u>Granted</u> <u>Denied</u>			
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>		
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						
	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: Thomas Coelho

Address of Applicant's Principal Place of Abode 27 Farm Lane

Map and Lot Number of Applicant's Principal Place of Abode: 12-22-1

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: 9/28/79

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: _____ 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: _____

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME COELHO THOMAS RICHARD			2. SEX M	3. SOCIAL SECURITY NUMBER [REDACTED]		4. DATE OF BIRTH YEAR: 58 MONTH: 09 DAY: 24	
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS US ARMY AR			6. GRADE, RATE OR RANK SP4		7. PAY GRADE E-4	DATE OF RANK YEAR: 79 MONTH: 03 DAY: 01	
8a. SELECTIVE SERVICE NUMBER NA		8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE NA		9. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 23 High St Methuen MA 01844			
9a. TYPE OF SEPARATION Relieved From Active Duty				9b. STATION OR INSTALLATION AT WHICH EFFECTED White Sands Missile Range NM 88002			
c. AUTHORITY AND REASON						d. EFFECTIVE DATE YEAR: 79 MONTH: 09 DAY: 28	
e. CHARACTER OF SERVICE HONORABLE					f. TYPE OF CERTIFICATE ISSUED NONE		
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 259th MP Co WSMR, NM 88002 (XM)				12. COMMAND TO WHICH TRANSFERRED USAR CONT GP (REINF) RCPAC 9700 PAGE BLVD ST LOUIS MO 63132			
13. TERMINAL DATE OF RESERVE / M55 OBLIGATION YEAR: 82 MONTH: 08 DAY: 04		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Boston MA 02210				15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 76 MONTH: 09 DAY: 29	
16a. PRIMARY SPECIALTY NUMBER AND TITLE 95B10 Military Police Man 770201 ES: NONE		16b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Policeman & Detectives 375.		18. RECORD OF SERVICE			
17a. SECONDARY SPECIALTY NUMBER AND TITLE NONE		17b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE		18. RECORD OF SERVICE (continued)			
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY / HIGH SCHOOL: 12 YRS (1-12 grades) COLLEGE: 0 YRS			
21. TIME LOST (Preceding Two Yrs) NONE		22. DAYS ACCRUED LEAVE PAID 00		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT	
25. PERSONNEL SECURITY INVESTIGATION a. TYPE: ENTINAC						b. DATE COMPLETED 5 Nov 76	
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							
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 23 High St Methuen MA 01844				29. SIGNATURE OF PERSON BEING SEPARATED 			
30. TYPE, NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J.E. SABLAN CW3, USA Asst Chief, Mil Pers Div				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 