

**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 Cogdill	FIRST NAME Kevin	INITIAL E
	PROPERTY OWNER'S LAST NAME Cogdill	FIRST NAME Morgan	INITIAL L
	MAILING ADDRESS 46 Alison Dr		
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 46 Alison Dr		

STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 2	BLOCK # 65	LOT # 100
	VETERANS' TAX CREDIT		
	<input checked="" type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ <u>500</u>	Granted <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Date _____
	<input type="checkbox"/> Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	Granted <input type="checkbox"/> Denied <input type="checkbox"/> Date _____
	<input type="checkbox"/> Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000)	Amount \$ _____	Granted <input type="checkbox"/> Denied <input type="checkbox"/> Date _____
	<input type="checkbox"/> Review Discharge Papers (ei: Form DD214), Form # _____		
	<input type="checkbox"/> Other Information _____		

VETERANS' EXEMPTION			Granted	Denied	Date
<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			Granted	Denied	Date
<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		Granted	Denied
<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

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

MAY 14 2019

OWNER AND APPLICANT INFORMATION	
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER <u>Kevin + Morgan Cogdill</u>
	APPLICANT'S LAST NAME <u>Cogdill</u> APPLICANT'S FIRST NAME <u>Kevin</u> MI <u>E</u> PHONE NUMBER
	APPLICANT'S LAST NAME <u>Cogdill</u> APPLICANT'S FIRST NAME <u>Morgan</u> MI <u>L</u> PHONE NUMBER
	MAILING ADDRESS <u>46 Alison Dr.</u>
	CITY/TOWN <u>Seabrook</u> STATE <u>NH</u> ZIP CODE <u>03874</u>
	PROPERTY ADDRESS <u>46 Alison Dr.</u> TAX MAP <u>2</u> BLOCK <u>65</u> LOT <u>100</u>
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO
	<p style="text-align: center;">VETERAN'S INFORMATION</p> <p>1. APPLICANT IS THE: <input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse</p> <p>2. APPLYING FOR: <input checked="" type="checkbox"/> Tax Credit Veterans' Standard (RSA 72:28) <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) <input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)</p> <p>3. Veteran's Name <u>Kevin E. Cogdill</u> Dates of Military Service Enter (MMDDYYYY)</p> <p>4. Date of Entry <u>6-23-2014</u> 5. Date of Discharge/Release <u>6-22-19</u></p> <p>IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)</p> <p>6. Name of Allied Country Served in <u>Navy</u> 7. Branch of Service <u>Navy</u> 8. Please Check One. <input checked="" type="radio"/> US Citizen at time of entry into Service <input type="radio"/> Alien but resident of NH at time of entry into Service</p> <p>9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name <input type="radio"/> YES <input checked="" type="radio"/> NO</p>
<p style="text-align: center;">STANDARD EXEMPTIONS</p> <p>10. <input type="checkbox"/> 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 <u> </u> 10b. Spouse's Date of Birth <u> </u></p> <p>11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)</p> <p style="text-align: center;">LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</p> <p>12. <input type="checkbox"/> Blind Exemption (RSA 72:37) <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66) <input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)</p>	
STEP 4 RESIDENCY	13. <input checked="" type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit) <input type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed <input type="checkbox"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <u> </u>
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. <u>Kevin E. Cogdill</u> <u>5/7/19</u> SIGNATURE (IN INK) OF PROPERTY OWNER DATE <u>Morgan Cogdill</u> <u>5-7-19</u> 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)

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

reg
JC

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: Kevin Cogdill + Morgan Cogdill
Address of Applicant's Principal Place of Abode: 46 Alison Dr.
Map and Lot Number of Applicant's Principal Place of Abode: 2-65-100
Date of Original Application to Municipality: 5/7/19

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) 6/23/14 - 6/22/19

Was veteran honorably discharged or separated from service? YES NO

If applicable, list any qualifying medals earned: GLOBAL WAR ON TERRORISM SERVICE MEDAL

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: _____

¹ Revised September, 2006
veteransworksheetsWInst

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) COGDILL, KEVIN EDWARD		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK MMA2	b. PAY GRADE E5	5. DATE OF BIRTH (YYYYMMDD) 19910516	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20211002		
7a. PLACE OF ENTRY INTO ACTIVE DUTY PORTLAND ME		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 4 CARMICHAEL ST APT 216 ESSEX VT 05452			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND SSN 778 NEW HAMPSHIRE			b. STATION WHERE SEPARATED PERSUPPET NEW LONDON		
9. COMMAND TO WHICH TRANSFERRED COMMANDER, NAVY PERSONNEL COMMAND (PERS-912), MILLINGTON TN 38055			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$400,000		
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.) Q34A SSN 774 CLASS ADVANCED AUXILIARY EQUIPMENT TECHNICIAN 3YRS IMO X		12. RECORD OF SERVICE			
		YEAR(S)		MONTH(S)	
		DAY(S)			
		a. DATE ENTERED AD THIS PERIOD	2014	06	23
		b. SEPARATION DATE THIS PERIOD	2019	06	22
		c. NET ACTIVE SERVICES THIS PERIOD	05	00	00
		d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
		f. FOREIGN SERVICE	00	00	00
		g. SEA SERVICE	04	02	00
		h. INITIAL ENTRY TRAINING	00	07	08
		i. EFFECTIVE DATE OF PAY GRADE	2017	04	16
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NAVY PISTOL MARKSMANSHIP RIBBON (1);MERITORIOUS UNIT COMMENDATION (1);NATIONAL DEFENSE SERVICE MEDAL (1);GLOBAL WAR ON TERRORISM SERVICE MEDAL (1);NAVY ARCTIC SERVICE RIBBON (1);SEA "SEE REMARKS"		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) BASIC ENLISTED SUBMARINE, 9 WKS, OCT14; BASIC MECHANICAL SKILLS, 4 WKS, NOV14; MM AUXILIARY EQUIP SSN/SSBN, 8 WKS, JAN15; SUB DAMAGE CONTROL PETTY OFF, 1 WKS, OCT15; SUB ADV REFRIG MAINT/SUP, 2 WKS, JUN17; SUB "SEE REMARKS"			
15a. COMMISSIONED THROUGH SERVICE ACADEMY				YES	<input checked="" type="checkbox"/> NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)				YES	<input checked="" type="checkbox"/> NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, year of commitment:)				YES	<input checked="" type="checkbox"/> NO
16. DAYS ACCRUED LEAVE PAID 14.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES <input checked="" type="checkbox"/> NO
18. REMARKS SERIAL NUMBER: N2019062200005-0; TRANSACTION CODE: A; SUBJECT TO ACTIVE DUTY RECALL/ANNUAL SCREENING.; EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.; X X X X X X X X X X BLK 13 CONT: SERVICE DEPLOYMENT RIBBON (1); NAVY ACHIEVEMENT MEDAL (4); ENLISTED SUBMARINE "CONTINUED ON DD-214C" X X X X X X X X X X The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 46 ALISON DRIVE SEABROOK NH 03874			b. NEAREST RELATIVE (Name and address - include ZIP Code) COGDILL, LOUISE 4 CARMICHAEL STREET APT 216 ESSEX JUNCTION VT 05452		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) NH OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
21a. MEMBER SIGNATURE COGDILL, KEVIN E Digitally signed by COGDILL, KEVIN EDWARD 1067991032 Date: 2019.05.06 13:39:50 -0400		b. DATE (YYYYMMDD) 20190506		22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) PARKS, ROSANNA, EDITH. 1013633688 Digitally signed by PARKS, ROSANNA, EDITH. 1013633688 Date: 2019.05.06 13:58:41 -0400	
		Authorizing Official		b. DATE (YYYYMMDD) 20190506	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELACDU and Transferred to the Navy Reserve			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
25. SEPARATION AUTHORITY MILPERSMAN 1910-104		26. SEPARATION CODE MBK		27. REENTRY CODE RE-R1	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL - NONE				30. MEMBER REQUESTS COPY 4 (Initials) KEC	