

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"

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL			
	Fennessey		Lawrence	J			
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL			
	Fennessey		Brescia	R			
	MAILING ADDRESS						
5 woodland Ave							
CITY/TOWN		STATE	ZIP CODE				
Seabrook		NH	03874				
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED							
5 Woodland Ave							
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP #		BLOCK #	LOT #			
	g		21				
	<b>VETERANS' TAX CREDIT</b>						
	Granted/Denied Date						
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$	500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$		<input 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					
	<b>VETERANS' EXEMPTION</b>						
Granted Denied Date							
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	<input type="checkbox"/>		
<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>							
<b>Income Limits</b>		<b>Disabled Exemption</b>		<b>Elderly Exemption</b>		<b>Elderly Exemption Per Age Category</b>	
Single	\$		\$			65 - 74 years of age	\$
Married	\$		\$			75 - 79 years of age	\$
<b>Asset Limits</b>						80 + years of age	\$
Single	\$		\$				
Married	\$		\$				
<b>OTHER EXEMPTIONS</b>							
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"/>		
<b>Elderly &amp; Disabled Tax Deferral</b>							
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 <b>following</b> the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)							
<b>STEP 3 COMMENTS/ NOTES</b>	Municipal Comments/Notes						
<b>STEP 4 SIGNATURES</b>	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date		
	Aboul B. Khan, Chairman						
	Theresa Kyle						
	Ella Brown						
<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1st</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .						

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

RECEIVED

MAY - 6 2019

FORM PA-29

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

*all vet*

Town of Seabrook  
Assessor's Office  
If required, is a 976-33 on file?  
 YES  NO

**STEP 1 OWNER AND APPLICANT INFORMATION**

**OWNER**  
 APPLICANT'S LAST NAME: FENNESSEY APPLICANT'S FIRST NAME: LAWRENCE MI: J PHONE NUMBER: \_\_\_\_\_  
 APPLICANT'S LAST NAME: \_\_\_\_\_ APPLICANT'S FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**MAILING ADDRESS**  
5 WOODLAND AVE  
 CITY/TOWN: SEABROOK NH STATE: \_\_\_\_\_ ZIP CODE: 03894  
 PROPERTY ADDRESS: 5 WOODLAND AVE TAX MAP: 9 BLOCK: 21 LOT: 0

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

**STEP 2 VETERAN'S INFORMATION**

1. APPLICANT IS THE:  Veteran  Spouse  Surviving Spouse

2. APPLYING FOR:  
 Tax Credit Veterans' Standard (RSA 72:28) *all vet*  
 Tax Credit for Service-Connected Total Disability (RSA 72:35)  
 Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")  
 Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: Lawrence J. Fennessey Dates of Military Service Enter (MMDDYYYY): \_\_\_\_\_ 4. Date of Entry: 7/26/58 5. Date of Discharge/Release: 7/15/61

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)  
 6. Name of Allied Country Served in: \_\_\_\_\_ 7. Branch of Service: USMC 8. Please Check One:  
 US Citizen at time of entry into Service  
 Alien but resident of NH at time of entry into Service

9. Does any other eligible Veteran own interest in this property?  
 YES  NO  If YES, provide name: \_\_\_\_\_

**STEP 3 EXEMPTIONS**

**STANDARD 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 Energy Systems Exemption (RSA 72:70)

**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 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? \_\_\_\_\_

**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: 5/6/19  
 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)

TAX MAP | BLOCK | LOT

*all vet*  
*9930*

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: Lawrence J. Fennessey  
Address of Applicant's Principal Place of Abode: 5 Woodland Ave  
Map and Lot Number of Applicant's Principal Place of Abode: 9-21-0  
Date of Original Application to Municipality: 5/6/19

**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) 7/26/58 - 7/15/61

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](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](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)<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 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: \_\_\_\_\_

<sup>1</sup> Revised September, 2006  
veteransworksheetsWInst

MAY - 2 2019

Town of Seabrook Assessor's Office

PC

LEGEND: Insert N/A to the appropriate box if not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>FENNESSEY, Lawrence John</b>			2. SERVICE NUMBER <b>075719</b>		3a. GRADE, RATE OR RANK <b>1st Lt</b>		3b. DATE OF RANK (Day, Month, Year) <b>11 Dec 1959</b>																					
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>USMCR</b>			5. PLACE OF BIRTH (City and State or Country) <b>Somerville, Mass.</b>			6. DATE OF BIRTH <b>23 Mar 1935</b>																						
	7a. RACE <b>Cauc</b>		7b. SEX <b>Male</b>	7c. COLOR HAIR <b>Black</b>	7d. COLOR EYES <b>Brown</b>	7e. HEIGHT <b>68"</b>	7f. WEIGHT <b>175</b>	7g. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9. MARITAL STATUS <b>Married</b>																				
TRANSFER OR DISCHARGE DATA	10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>College -5-</b>			10b. MAJOR COURSE OR FIELD <b>General Business</b>																									
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Rel fr Active Duty</b>			11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Camp Lejeune, N.C.</b>																									
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>MARCORMAN CMC 1tr DFA-1em-1/26Apr61 MCO 1900.10</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>		13b. EFFECTIVE DATE <b>15 Jul 1961</b>		13c. TYPE OF CERTIFICATE ISSUED <b>DD217MC</b>																					
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER <b>N/A</b>			15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>N/A</b>					16. DATE INDUCTED <b>N/A</b>																				
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED <b>1st MCRRD 605 Stewart Ave., Garden City, L.I., N.Y.</b>																												
	18. TERMINAL DATE OF RESERVE OBLIGATION <b>31 Jan 1963</b>			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER:			20. TERM OF SERVICE (Years) <b>-3-</b>		21. DATE OF ENTRY <b>26 Jul 1958</b>																				
SERVICE DATA	20. PRIOR REGULAR ENLISTMENTS <b>None</b>			21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>2nd Lt</b>		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Boston, Mass.</b>																							
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>44 Merrison Ave., Somerville, Middlesex, Mass.</b>			24a. CREDITABLE FOR BASIC PAY PURPOSES		24b. TOTAL ACTIVE SERVICE		24c. FOREIGN AND/OR SEA SERVICE																					
	25a. SPECIALTY NUMBER AND TITLE			25b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER		24. STATEMENT OF SERVICE		YEARS MONTHS DAYS																					
						<table border="1"> <tr><td>(1) NET SERVICE THIS PERIOD</td><td>02</td><td>11</td><td>19</td></tr> <tr><td>(2) OTHER SERVICE</td><td>01</td><td>04</td><td>07</td></tr> <tr><td>(3) TOTAL (Line (1) + line (2))</td><td>04</td><td>03</td><td>26</td></tr> <tr><td></td><td>03</td><td>09</td><td>27</td></tr> <tr><td></td><td>00</td><td>00</td><td>00</td></tr> </table>		(1) NET SERVICE THIS PERIOD	02	11	19	(2) OTHER SERVICE	01	04	07	(3) TOTAL (Line (1) + line (2))	04	03	26		03	09	27		00	00	00		
	(1) NET SERVICE THIS PERIOD	02	11	19																									
(2) OTHER SERVICE	01	04	07																										
(3) TOTAL (Line (1) + line (2))	04	03	26																										
	03	09	27																										
	00	00	00																										
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>Pistol Sharpshooter's Badge Rifle Marksman's Badge</b>																													
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>N/A</b>																													
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED																													
SCHOOL OR COURSE			DATES (From - To)		MAJOR COURSES		29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED																						
PLC Jr Crse			17Jun-30Aug57		PLC		N/A																						
PLC Jr Crse			17Jun-30Aug58		PLC																								
Basic School			26Jul58-14May59		Basic Officer																								
VA DATA	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO			30b. AMOUNT OF ALLOTMENT <b>N/A</b>		30c. MONTH ALLOTMENT DISCONTINUED																							
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>None</b>			31b. VA CL NUMBER <b>N/A</b>		31c. VA CL NUMBER <b>N/A</b>																							
AUTHENTICATION	32. REMARKS <b>Lump sum leave settlement due for 15 days Elect mileage to Somerville, Mass., Home of Record ST. CLAIR TANT BY: [Signature]</b>																												
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) <b>Wesley St., Gloucester, Mass.</b>					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <b>[Signature]</b>																							
35. GRADE AND TITLE OF AUTHORIZING OFFICER <b>1st Lt Capt USMC</b>					36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>[Signature]</b>																								

REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

SR/OQR OR HQMC-2