

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	FIRST NAME	INITIAL
	Galasso	Arlene	M
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS		
	38 Norman Road		
CITY/TOWN		STATE	ZIP CODE
Seabrook		NH	03874
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED			
38 Norman Road			

STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP #	BLOCK #	LOT #	
	15	102	38	
	VETERANS' TAX CREDIT			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				

<input type="checkbox"/> Total Exemption		<input type="checkbox"/> (a) Veteran		<input type="checkbox"/> (b) Surviving Spouse/CU Partner		Granted	Denied	Date
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			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		Amount \$	Granted	Denied
<input type="checkbox"/> Elderly and Disabled Tax Deferral			<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
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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/LOCKLOT

55 2020

RECEIVED

NOV 19 2018

Town of Seabrook Assessor's Office

OWNER AND APPLICANT INFORMATION

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS

OWNER: Arlene-Mantra Galasso Revoc Trust.

APPLICANT'S LAST NAME: GALASSO APPLICANT'S FIRST NAME: ARLENE MI: M PHONE NUMBER:

APPLICANT'S LAST NAME: APPLICANT'S FIRST NAME: MI: PHONE NUMBER:

MAILING ADDRESS: 38 Norman Rd

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 38 NORMAN RD TAX MAP: 15 BLOCK: 102 LOT: 38

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

VETERAN'S INFORMATION

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

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: Rudolph Galasso Dates of Military Service Enter (MMDDYYYY): 4. Date of Entry: 12-2-58 5. Date of Discharge/Release: 3-1-62

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)

6. Name of Allied Country Served in: 7. Branch of Service: Army 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:

PROPERTY OWNER NAME

STANDARD EXEMPTIONS

STEP 3 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: Arlene Galasso DATE: 11/2/18

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

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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: Allen Galasso (Rudolph Galasso)
Address of Applicant's Principal Place of Abode: 38 Norman Rd
Map and Lot Number of Applicant's Principal Place of Abode: 15-102-38
Date of Original Application to Municipality: 8-8-2018

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) 12-2-58 - 3-1-62 Name of Conflict: Vietnam

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: Gonima Capilla Application Approved by: AT 1/4/20

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: _____

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V

(to be submitted with Form PA-29 or Form PA-30)

15-102-38

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE

TYPE OR PRINT

OWNER: ARLENE MANFRA GALASSO REVOC TRUST
APPLICANT'S LAST NAME: GALASSO, APPLICANT'S FIRST NAME: ARLENE, MI: M
MAILING ADDRESS: 38 NORMAN RD, CITY/TOWN: SEABROOK, STATE: NH, ZIPCODE: 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: Same

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- Grantor/Revocable Trust
Equitable Title holder or
Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:
(a) A Trust instrument as defined in RSA 564-B:1-103 (20);
(b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
(c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above):

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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: Arlene Manfra Galasso, PRINT NAME: ARLENE M. GALASSO, DATE: DEC. 16, 19.

X Signature (in ink), PRINT NAME, DATE, TELEPHONE NUMBER: 603-814-1786

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. WHO MUST FILE: To be completed by property owners wishing to establish their status as grantor of a revocable trust... WHEN TO FILE: This completed form shall be submitted with the Permanent Application, Form PA-29...

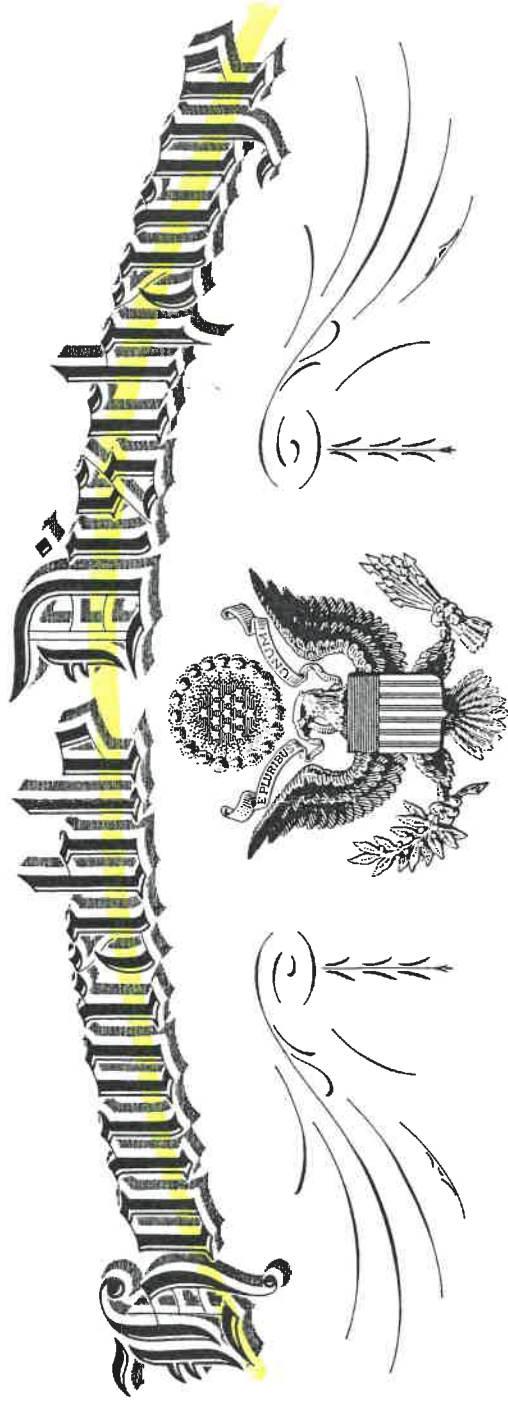


15-100-38

RE-1

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME GALASSO RUDOLPH		2. SERVICE NUMBER RA 12 572 094		3a. GRADE, RATE OR RANK SP4 (E-4) (T)		b. DATE OF RANK (Day, Month, Year) 3 Dec 60			
	4. DEPARTMENT, COMPONENT, AND BRANCH OR CLASS ARMY-RA-TC		5. PLACE OF BIRTH (City and State or Country) Bronx New York			6. DATE OF BIRTH DAY MONTH YEAR 21 Oct 41				
	7 a. RACE Caucasian	b. SEX Male	c. COLOR HAIR Brown	d. COLOR EYES Brown	e. HEIGHT 5'4"	f. WEIGHT 162	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS Single	
10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED 11 Years		b. MAJOR COURSE OR FIELD Academic								
TRANSFER OR DISCHARGE DATA	11 a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See 18)				b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Belvoir Virginia					
	c. REASON AND AUTHORITY AR 635-200 and DA Msg 569627 dated 21 Aug 61 SPN 20LEX Expiration of Term of Service						d. EFFECTIVE DATE DAY MONTH YEAR 1 Mar 62			
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3d Trans Co (Lt Hel) Ft Belvoir Virginia			13 a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED None			
	14. SELECTIVE SERVICE NUMBER None		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE NA				16. DATE INDUCTED DAY MONTH YEAR NA			
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Transferred to USAR Control Group (Reinforcement) II U S Army Corps									
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR 1 Dec 64		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:			b. TERM OF SERVICE (Years) 3		c. DATE OF ENTRY DAY MONTH YEAR 2 Dec 58		
	20. PRIOR REGULAR ENLISTMENTS None		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Pvt (E-1)		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) New York New York					
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 680 Adeo Ave Bronx 67 (New York) New York		24. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line (1) + line (2)) b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE			YEARS		MONTHS		DAYS
	25 a. SPECIALTY NUMBER AND TITLE 525.10 Fire Fighter		b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER 2-61.91 Fire Fighter II			3		3		0
						3		3		0
						3		3		0
						1		0		22
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Good Conduct Medal										
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NA										
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED										
SCHOOL OR COURSE Service School Ft Leonard Wood Mo			DATES (From - To) Mar 59 - May 59		MAJOR COURSES Structural Steel worker					
29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED Bat Indoc Code of Conduct CBR Tng Survival Tng (See 32)										
VA DATA	30 a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. AMOUNT OF ALLOTMENT NA			c. MONTH ALLOTMENT DISCONTINUED NA			
	31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None						b. VA CLAIM NUMBER C- NA			
AUTHENTICATION	32. REMARKS Blood Group "AB" SSAN 104-32-9493 Item 3a: Pfc (E-3) (P) Appointed 8 Sep 60 Date of Rank 19 Aug 59 Item 29: Mil Justice and GED High School 1959 Lump sum payment made for 1 day accrued leave									
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 680 Adeo Ave Bronx (New York) New York				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Rudolph Galasso</i>					
	35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER FRANK L. DORE, CWO, W-3, USA, ASST AG				b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Frank L. Dore</i>					



from the Armed Forces of the United States of America

This is to certify that

GALASSO RUDOLPH

ER 12 572 094 \$P4 USAR

was Honorably Discharged from the

Army of the United States

on the 30TH *day of* NOVEMBER 1964 *This certificate is awarded*

as a testimonial of Honest and Faithful Service

D. D. Spahr

D. D. SPAHR
COLONEL AGC