

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/  
TAX CREDITS/DEFERRAL APPLICATION**

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

Property for which Exemption/Tax Credit/Deferral is claimed:

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>Hubbard</b>	FIRST NAME <b>Joseph</b>	INITIAL <b>A</b>					
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL					
	MAILING ADDRESS <b>65 Railroad Ave</b>							
	CITY/TOWN <b>Seabrook</b>	STATE <b>NH</b>	ZIP CODE <b>03874</b>					
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED <b>65 Railroad Ave</b>								
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>8</b>		BLOCK # <b>72</b>	LOT #				
	<b>VETERANS' TAX CREDIT</b>							
	<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>						
	<b>VETERANS' EXEMPTION</b>							
	<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>
<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>								
<u>Granted</u> <u>Denied</u> <u>Date</u>								
<input type="checkbox"/>	Elderly Exemption	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<input type="checkbox"/>	Disabled Exemption	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<input type="checkbox"/>	Blind Exemption	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<input type="checkbox"/>	Deaf Exemption	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>		
<b>Elderly &amp; Disabled Tax Deferral</b>								
<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>		
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 COM- MENTS/ NOTES</b>	Municipal Comments/Notes							
<b>STEP 4 SIGNA- TURES</b>	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink			Date		
	<b>About B. Khan, Chairman</b>							
	<b>Theresa Kyle</b>							
	<b>Ella Brown</b>							
<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/BL/DOCK/LOT

RECEIVED

OCT 27 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

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER AND APPLICANT NAME AND ADDRESS

OWNER: Joseph Hubbard (Applicant's Last Name) | Joseph (Applicant's First Name) | A (MI) | 617-910-8336 (Phone Number)

APPLICANT'S LAST NAME: Hubbard | APPLICANT'S FIRST NAME: Joseph | MI: A | PHONE NUMBER: 617-910-8336

MAILING ADDRESS: 65 Railroad Ave.  
CITY/TOWN: Seabrook | STATE: NH | ZIP CODE: 03874

PROPERTY ADDRESS: 65 Railroad Ave | TAX MAP: 8 | BLOCK: 72 | LOT:

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

STEP 2  
VETERANS' TAX CREDITS AND EXEMPTION

VETERAN'S INFORMATION

1. APPLICANT IS THE:  Veteran  Spouse  Surviving Spouse

2. APPLYING FOR:  
 Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)  
 All Veterans' Tax Credit (RSA 72:28-b) *If Adopted by Town* Standard (\$50) / Optional (\$51 up to \$750)  
 Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)  
 Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")  
 Tax Credit for Combat Service (RSA 72:28-c) *If Adopted by Town* (\$50 up to \$500)  
 Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: Joseph Hubbard | Dates of Military Service Enter (MMDDYYYY):  | 4. Date of Entry: 6-1-2004 | 5. Date of Discharge/Release: 3-31-2005

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)  
 6. Name of Allied Country Served In:  | 7. Branch of Service: marines

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

8. Please Check One:  
 US Citizen at time of entry into Service  
 Alien but resident of NH at time of entry into Service

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: Joseph Hubbard | DATE: 10-9-19

SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature] | DATE: 10-21-19

TAX MAP | BLOCK | LOT

reg  
vc

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: Joseph Hubbard  
Address of Applicant's Principal Place of Abode: 65 Railroad Ave  
Map and Lot Number of Applicant's Principal Place of Abode: 8-72  
Date of Original Application to Municipality: 11-30-2018

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) 6-1-2004 - 3-31-2005 Name of Conflict: \_\_\_\_\_

Was veteran honorably discharged or separated from service? YES  NO

If applicable, list any qualifying medals earned: Global War On Terrorism Exped.

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\\_Discharge\\_Papers\\_Web\\_0804.doc](http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Discharge_Papers_Web_0804.doc)

Documentation Reviewed By: Carmina Camello Application Approved by: AT 11/14/20

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: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Date of Review: \_\_\_\_\_

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) **HUBBARD, Joseph, Allen** 2. DEPARTMENT, COMPONENT AND BRANCH **USMCR-KM** 3. SOCIAL SECURITY NUMBER **000-00-0000**

4a. GRADE, RATE OR RANK **CPL** b. PAY GRADE **E-4** 5. DATE OF BIRTH (YYYYMMDD) **19720306** 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) **20090329**

7a. PLACE OF ENTRY INTO ACTIVE DUTY **DET B, MWSS 472, MWSS 47, 4TH MAW CHICOPEE MA 01022** b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **1202 MAIN ST TEWKSBURY, MA 01976**

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **MWSS 37, 3RD MAW RUC (00077)** b. STATION WHERE SEPARATED **DET B, MWSS 472, CHICOPEE MA 01022 RUC (03025)**

9. COMMAND TO WHICH TRANSFERRED **DET B, MWSS 472, CHICOPEE MA 01022 RUC (00540)** 10. SGLI COVERAGE  NONE AMOUNT: \$ **250,000**

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.) <b>1371- COMBAT ENGINEER, 3 YEARS, 4 MONTHS</b>	12. RECORD OF SERVICE			
	YEAR(S)	MONTH(S)	DAY(S)	
	a. DATE ENTERED AD THIS PERIOD	<b>2004</b>	<b>06</b>	<b>01</b>
	b. SEPARATION DATE THIS PERIOD	<b>2005</b>	<b>03</b>	<b>31</b>
	c. NET ACTIVE SERVICE THIS PERIOD	<b>00</b>	<b>10</b>	<b>03</b>
	d. TOTAL PRIOR ACTIVE SERVICE	<b>00</b>	<b>05</b>	<b>24</b>
	e. TOTAL PRIOR INACTIVE SERVICE	<b>00</b>	<b>01</b>	<b>29</b>
	f. FOREIGN SERVICE	<b>00</b>	<b>06</b>	<b>05</b>
	g. SEA SERVICE	<b>00</b>	<b>00</b>	<b>00</b>
h. EFFECTIVE DATE OF PAY GRADE	<b>2004</b>	<b>04</b>	<b>01</b>	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
**GLOBAL WAR ON TERRORISM EXPEDITIONARY SERVICE MEDAL, GLOBAL WAR ON TERRORISM SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON, ARMED FORCES RESERVE MEDAL WITH "M" DEVICE, CERTIFICATE OF COMMENDATION**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  
**NONE**

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  YES  NO  
b. HIGH SCHOOL GRADUATE OR EQUIVALENT  YES  NO

16. DAYS ACCRUED LEAVE PAID **6.0** 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION  YES  NO

18. REMARKS  
**SERIAL NUMBER 03025-2005-0019**  
**THIS IS NOT A FINAL DISCHARGE**  
**ACTIVATION IN SUPPORT OF OPERATION IRAQI FREEDOM OR ANY OTHER SUCH OPERATIONS ASSOCIATED WITH THE WORLD TRADE CENTER ATTACKS, IDENTIFIED IN PROVISION(S) OF LAW UNDER WHICH A MEMBER SERVED ON ACTIVE DUTY.**

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)  
**1202 MAIN ST TEWKSBURY, MA 01976** b. NEAREST RELATIVE (Name and address - include ZIP Code)  
**ALLEN HUBBARD 95 BEECH ST, TEWKSBURY MA 01876**

20. MEMBER REQUESTS COPY 6 BE SENT TO **MA** DIRECTOR OF VETERANS AFFAIRS  YES  NO

21. SIGNATURE OF MEMBER BEING SEPARATED *Joseph Allen Hubbard* 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)  
**D. N. SPRENKLE, O-6, SITE COMMANDER** *D. N. Sprengle*

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION **RELEASE FROM ACTIVE DUTY** 24. CHARACTER OF SERVICE (Include upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **MARCORSEPMAN PAR 1005** 26. SEPARATION CODE **MBK5** 27. REENTRY CODE **RE-1A**

28. NARRATIVE REASON FOR SEPARATION  
**COMPLETION OF REQUIRED ACTIVE SERVICE**

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)  
**NONE** 30. MEMBER REQUESTS COPY 4 (Initials) *JAH*