

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 Johnson	FIRST NAME Richard	INITIAL A
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS 34 Scott Ave		
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 34 Scott Ave		

STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 8	BLOCK # 13	LOT # 34
	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"/>
	<input type="checkbox"/> Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/> <input type="checkbox"/>

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"/>

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			<u>Granted</u>	<u>Denied</u>	<u>Date</u>
<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		<u>Granted</u> <u>Denied</u>
<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 COM- MENTS/ NOTES	Municipal Comments/Notes
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STEP 4 SIGNA- TURES	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/BOOK/LOT

Ver 2020

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

RECEIVED

NOV 25 2019

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: JOHNSON RICHARD A REVOC TRUST

APPLICANT'S LAST NAME: JOHNSON APPLICANT'S FIRST NAME: RICHARD MI: A

APPLICANT'S LAST NAME: _____ APPLICANT'S FIRST NAME: _____ MI: _____

MAILING ADDRESS: 34 SCOTT AVE

CITY/TOWN: SEABROOK, NH STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 34 SCOTT AVE TAX MAP: 8 BLOCK: 13 LOT: 34

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

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: RICHARD A JOHNSON Dates of Military Service Enter (MMDDYYYY): _____

4. Date of Entry: 2/26/52 5. Date of Discharge/Release: 5/23/56

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

6. Name of Allied Country Served in: Korean 7. Branch of Service: Air Force

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

PROPERTY OWNER 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, 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: [Signature] POA. DATE: 11/26/2019

SIGNATURE (IN INK) OF PROPERTY OWNER: _____ DATE: _____

TAX MAP | BLOCK | LOT

Ver 2020

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: Richard A Johnson
Address of Applicant's Principal Place of Abode: 34 Scott Ave
Map and Lot Number of Applicant's Principal Place of Abode: 8-13-34
Date of Original Application to Municipality: 11/26/19

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) 2/26/52 - 5/23/54

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: Gemma Carlini 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

8-13-34

CHARACTER OF SEPARATION HONORABLE		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES			DEPARTMENT AIR FORCE		
1. LAST NAME - FIRST NAME - MIDDLE NAME JOHNSON RICHARD ARMITAGE		2. SERVICE NUMBER AT 11 245 752		3. GRADE - RATE - RANK AND DATE OF APPOINTMENT S/SGT(T) LTUN55		4. COMPONENT AND BRANCH OR CLASS RECAF	
5. QUALIFICATIONS SPECIALTY NUMBER OR SYMBOL 33170		RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER Weapons Fusing System Technician		6. EFFECTIVE DATE OF SEPARATION DAY MONTH YEAR 23 May 56		7. TYPE OF SEPARATION Release from Active Military Service	
8. REASON AND AUTHORITY FOR SEPARATION Hardship, APR 30-13 and 3rd Ind, Hq 3079th ADWg (See Item 36)				9. PLACE OF SEPARATION Westover AFB, Mass.			
10. DATE OF BIRTH DAY MONTH YEAR 14 Jun 32		11. PLACE OF BIRTH (City and State) Brattleboro, Vt.		12. DESCRIPTION SEX RACE COLOR HAIR COLOR EYES Male Cauc Brown Blue		HEIGHT WEIGHT 5'11" 160	
13. REGISTERED YES NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) 11, Rutland (Rutland) Vermont		15. INDUCED DAY MONTH YEAR N/A			
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT YES NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		COMPONENT AND BRANCH OR CLASS AFRES		COGNIZANT DISTRICT OR AREA COMMAND H. CONAG (MARS) Denver, Colorado			
17. MEANS OF ENTRY OTHER THAN BY INDUCTION <input checked="" type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY		ENLISTED 18 yrs		18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE A/B			
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE DAY MONTH YEAR PLACE (City and State) 26 Feb 52 Manchester, New Hampshire		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State) RFD #1, Mill Village (Rutland) Vermont					
21. NET SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD A. YEARS B. MONTHS C. DAYS N/A				25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY DAY MONTH YEAR AMOUNT N/A			
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD 4 2 28				26. FOREIGN AND/OR SEA SERVICE YEARS MONTHS DAYS 3 0 20			
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES 0 0 0				27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal, Good Conduct Medal			
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES 4 2 28				28. MOST SIGNIFICANT DUTY ASSIGNMENT 3084th Opr Sq (AMG) Westover AFB, Mass.			
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None				30. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED Elect Fundamentals Assembly Course; AF-24 AFSTP GML-1 AFSTP			
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED None				31. DATES (From-To) MAJOR COURSES N/A N/A			
32. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM None-Indemnity				32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
33. MONTH ALLOTMENT DISCONTINUED N/A				34. MONTH NEXT PREMIUM DUE N/A			
35. TOTAL PAYMENT UPON SEPARATION 2164.29				36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT 57.92			
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER G. J. PEARSON, MAJOR, USAF, G225059				38. REMARKS (Continues on reverse) WOP \$300, PL 550 IP \$100, G225059 Blood Cp "AB" FSSD: 31Mar 56 A/IC(P)Apr56 No time lost under Sec 6(a) App 2b, MCM 1951 6 days accrued leave to be paid on final pay AEG Scores: M-7, C-9, TS-9, E-9. Ann ineligible for reenl for pd of 1 yr from DGS: Q since grtd 31Oct52 AEG since Nr VA-59595. Auth: (Cont) Wright-Patterson AFB, O. dtd 11May56			
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				NAME, GRADE AND TITLE (Typed) ARNOLD E GREEN 1STLT USAF			
40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None				CLAIM NUMBER N/A			
41. DATES OF LAST CIVILIAN EMPLOYMENT FROM TO N/A		42. MAIN CIVILIAN OCCUPATION None		43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER N/A			
44. UNITED STATES CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		45. MARITAL STATUS Married		46. NON-SERVICE EDUCATION (Years successfully completed) None			
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., P.O. Box, City, County and State) 107 1/2 Lincoln Ave, Rutland (Rutland) Vt.		48. GRADE - RATE - RANK AND DATE OF APPOINTMENT None		49. SIGNATURE OF PERSON BEING SEPARATED 			

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

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)

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

TYPE OR PRINT

OWNER: JOHNSON RICHARD A 2016 REVOC TRUST
APPLICANT'S LAST NAME: JOHNSON APPLICANT'S FIRST NAME: RICHARD MI: A
APPLICANT'S LAST NAME: APPLICANT'S FIRST NAME: MI:
MAILING ADDRESS: 34 SCOTT AVE
CITY/TOWN: SEABROOK STATE: NH ZIPCODE: 03824
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 34 SCOTT AVE

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)

- [X] 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:
OK

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.

X [Signature] POA PETER S. JOHNSON X 11/26/2019
SIGNATURE (IN INK) PRINT NAME DATE

X
SIGNATURE (IN INK) PRINT NAME DATE

TELEPHONE NUMBER

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 (RSA 72:33), for property tax credit or exemption...