

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 Leclair	FIRST NAME Edward	INITIAL A					
	PROPERTY OWNER'S LAST NAME Leclair	FIRST NAME Diane	INITIAL S					
	MAILING ADDRESS 25 Perkins Ave #60							
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874					
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 60 Lillian Ave							
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 8		BLOCK # 13	LOT # 60				
	VETERANS' TAX CREDIT							
	Granted/Denied Date							
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ <u>500</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
	<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="text"/>		
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
	<input type="checkbox"/>	Other Information _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
	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"/>	<input type="text"/>
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="text"/>			
<input type="checkbox"/>	Disabled Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
<input type="checkbox"/>	Blind Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
Elderly & Disabled Tax Deferral								
Granted Denied								
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
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							
STEP 4 SIGNA- TURES	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink			Date		
	About B. Khan, Chairman							
	Theresa Kyle							
	Ella Brown							
APPEAL PROCE- DURE	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

RECEIVED

APR 17 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

Town of Seabrook Assessor's Office

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: LECLAIR EDWARD A. & DIANE S.

If required, is a PA-33 on file? YES NO

APPLICANT'S LAST NAME: LECLAIR APPLICANT'S FIRST NAME: EDWARD MI: A PHONE NUMBER: 978-270-1304

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

MAILING ADDRESS: 25 PERKINS AVE #60

CITY/TOWN: SEABROOK STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 60 LILLIAN AVE TAX MAP: 8 BLOCK: 13 LOT: 60

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: EDWARD A LECLAIR Dates of Military Service Enter (MMDDYYYY): _____

4. Date of Entry: 8/22/78 5. Date of Discharge/Release: 8/20/82

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.

Edward A. Leclair April 19th 2019
 SIGNATURE (IN INK) OF PROPERTY OWNER DATE

 SIGNATURE (IN INK) OF PROPERTY OWNER DATE

TAX MAP | BLOCK | LOT

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)

ALL VET 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: Edward A LeClair
Address of Applicant's Principal Place of Abode: 60 Lillian Ave
Map and Lot Number of Applicant's Principal Place of Abode: 8-13-60
Date of Original Application to Municipality: 4/19/19

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) 8/22/81 - 8/20/82 Name of Conflict: _____

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: [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: _____

Date of Review: _____ Date of Review: _____ Date of Review: _____

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 214 JUL 79

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) **LECLAIR EDWARD ALLEN** 2. DEPARTMENT, COMPONENT AND BRANCH **USMC-11** 3. SOCIAL SECURITY NO. [REDACTED]

4a. GRADE, RATE OR RANK **CPL** 4b. PAY GRADE **E-4** 5. DATE OF BIRTH **591104** 6. PLACE OF ENTRY INTO ACTIVE DUTY **AFES PORTLAND MAINE**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **HQCO HQSVCBN MCDEC QUANTICO VA** 8. STATION WHERE SEPARATED **HQCO HQSVCBN MCDEC QUANTICO VA**

9. COMMAND TO WHICH TRANSFERRED **(MCRFAC) KANSAS CITY MO** 10. SGLI COVERAGE AMOUNT \$ **35,000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)
**5831 - CORRECTIONS MAN
3 YEARS 8 MONTHS**

12. RECORD OF SERVICE	YEAR(s)	MON (s)	DAY (s)
a. Date Entered AD This Period	78	08	22
b. Separation Date This Period	82	08	20
c. Net Active Service This Period	03	11	29
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	08	00
f. Foreign Service	00	11	15
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	81	02	01
i. Reserve Oblig. Term. Date	83	12	21

13. DECORATIONS, MEDALS, BADGES, CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
GOOD CONDUCT MEDAL

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
**BASIC CORRESPONDENCE COURSE- 4 WEEKS DEC 78
THE MARINE NCO- JUL 81**

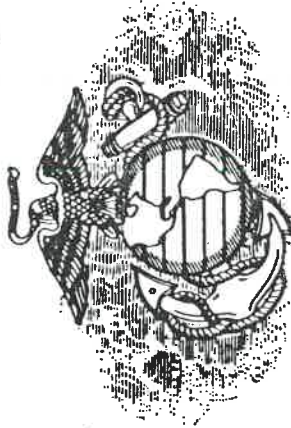
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID **NONE**

18. REMARKS
NOT A FINAL DISCHARGE

19. MAILING ADDRESS AFTER SEPARATION **RILEY RD
SEABROOK NH 03874** 20. MEMBER REQUESTS COPY 6 BE SENT TO **UH** DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED *[Signature]* 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **W. A. WRIGHT III CAPT EXECUTIVE OFFICER**

Honorable Discharge



FIDELI CERTA MERCES

from the Armed Forces of the United States of America

This is to certify that

CORPORAL (E-4) EDWARD A. LECLAIR 001487610

was Honorably Discharged from the

United States Marine Corps

on the 21ST day of DECEMBER, 1983

This certificate is awarded

as a testimonial of Honest and Faithful Service

C. S. Bishop, Jr.

C. S. BISHOP, JR.

BRIGADIER GENERAL USMCR