

**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 Markland	FIRST NAME James	INITIAL E			
	PROPERTY OWNER'S LAST NAME Markland	FIRST NAME Cheryl	INITIAL J			
	MAILING ADDRESS 17 Frances Dr					
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874			
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 17 Frances Dr					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 2		BLOCK # 1	LOT # 9		
	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"/>	<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>				
	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
	APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS					
Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category			
Single	\$ <u> </u>	\$ <u> </u>	65 - 74 years of age	\$ <u> </u>		
Married	\$ <u> </u>	\$ <u> </u>	75 - 79 years of age	\$ <u> </u>		
Asset Limits			80 + years of age	\$ <u> </u>		
Single	\$ <u> </u>	\$ <u> </u>				
Married	\$ <u> </u>	\$ <u> </u>				
OTHER EXEMPTIONS			<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>	
Elderly & Disabled Tax Deferral			<u>Granted</u> <u>Denied</u>			
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$ <u> </u>	<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					
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

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

STEP 1 OWNER AND APPLICANT INFORMATION
OWNER: Markland, James E & Cheryl J.
APPLICANT'S LAST NAME: Markland, APPLICANT'S FIRST NAME: James E. MI: , PHONE NUMBER: 603-926-1618
APPLICANT'S LAST NAME: Markland, APPLICANT'S FIRST NAME: Cheryl J. MI: , PHONE NUMBER:
MAILING ADDRESS: 17 Frances Dr.
CITY/TOWN: Seabrook, NH STATE: NH ZIPCODE: 03874
PROPERTY ADDRESS: 17 Frances Dr. TAX MAP: 2 BLOCK: 1 LOT: 9
IS THIS YOUR PRIMARY RESIDENCE? YES

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION
1. APPLICANT IS THE: Veteran
2. APPLYING FOR: All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)
3. Veteran's Name: James E Markland Jr. Dates of Military Service: Enter (MMDDYYYY)
4. Date of Entry: 1/16/85
5. Date of Discharge/Release: 4/19/85
6. Name of Allied Country Served in: Branch of Service: Army
9. Does any other eligible Veteran own interest in this property? NO
8. Please Check One: US Citizen 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)
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: James E Markland DATE: 12/19/19
SIGNATURE (IN INK) OF PROPERTY OWNER: Cheryl Markland DATE: 12/19/19

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

PA-29 NH 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: James E Markland Jr.
Address of Applicant's Principal Place of Abode: 17 Frances Dr.
Map and Lot Number of Applicant's Principal Place of Abode: 21-9
Date of Original Application to Municipality: 12/19 5-5-1995

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) 1-16-85 - 4-19-85

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: *Sandra Carlier* Application Approved by: *af* 12/19/19

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

DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) MAKLAND, JAMES EDWARD JR		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ADOC		3. SOCIAL SECURITY NO. [REDACTED]	
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4a. GRADE, RATE OR RANK E-1	4b. PAY GRADE E-1	5. DATE OF BIRTH 650214	6. PLACE OF ENTRY INTO ACTIVE DUTY NORTH ADAMS MA
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7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO A 7TH BN 1ST INF, USAIC, BADOOC, TC	8. STATION WHERE SEPARATED FORT BENNING, GEORGIA
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9. COMMAND TO WHICH TRANSFERRED CO A 2/104TH INF NORTH ADAMS MA 01247	10. SGLI COVERAGE AMOUNT \$ 35 000 <input type="checkbox"/> NONE
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11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 11B10 Infantryman 00 Yrs and 00 Mos.	12. RECORD OF SERVICE	YEAR (s)	MON (s)	DAY (s)
	a. Date Entered AD This Period	83	01	18
	b. Separation Date This Period	85	04	19
	c. Net Active Service This Period	02	03	04
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	00	00
	f. Foreign Service	00	00	00
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	83	01	18
	i. Reserve, Oblig. Term. Date	72	06	20

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
EXPERT (N-16) EXPERT (HAND GRENADE) ARMY SERVICE RIBBON

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
NA

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17. DAYS ACCRUED LEAVE PAID 0
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18. REMARKS
NOTHING FOLLOWS

RECEIVED

DEC 17 2019

Town of Seabrook
Assessor's Office

19. MAILING ADDRESS AFTER SEPARATION J OVERLOOK LORRAINE ADAMS MA 01220	20. MEMBER REQUESTS COPY 6 BE SENT TO MA DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]	22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN SP4 D. CASSON, OPT, AGC, Asst AG
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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Relief from Active Duty Training	24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE
25. SEPARATION AUTHORITY 150-1 OADR dated 04/21/85	26. SEPARATION CODE 1000
27. REENLISTMENT CODE 00-MA	28. NARRATIVE REASON FOR SEPARATION Completion of period of Active Duty Training.
29. DATES OF TIME LOST DURING THIS PERIOD None	30. MEMBER REQUESTS COPY 4 [Signature] INITIALS