FORM PA-35

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"

Credivide	errai is cialified.								
STEP 1	PROPERTY OWNER								
NAME AND	Mumper Roger PROPERTY OWNER'S LAST NAME FIRST NAME					INITIAL			
ADDRES									
	MAILING ADDRESS								
	111 Rte 286 #28								
	CITY/TOWN			STATE ZIP C			DE		
	Seabrook NH 03874 PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED								
	28 Robert Road								
STEP 2	CITY/TOWN TAX	X MAP # 15		BLOCK# 102	BLOCK # 102 LOT # 28				
EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	VETERANS' TAX CREDIT Granted/Denied Date ✓ Veterans' Tax Credit \$50 minimum (to \$500) Service Connected Total & Permanent Disability \$700 minimum to \$2000 Amount \$ Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000) Review Discharge Papers (ei: Form DD214), Form # Other Information								
	VETERANS' EXEMPTION Granted Denied Date								
	Total Exemption (a) Veteran (b) Surviving Spouse/CU Partner								
		APPLICABLE ELDERI	Y AND DIS	SABLED EXEMPT	ION (OPTIONAL) INCOME	AND ASSET L	.IMITS		
	Income Limits	Disabled Exemption	Elderl	ly Exemption	Elderly Exempt	ion Per Age Ca	ategory		
	Single	\$	\$		65 - 74 years of age	\$			
	Married	s	\$		75 - 79 years of age	\$			
		ivalified \$			80 + years of age	S			
	Asset Limits			IN THE RESERVE	00 + years or age	Þ			
	Single \$								
	Married \$								
	OTHER EXEMPTIONS Granted Denied Date								
	Elderly Exemption Amount \$								
	Disabled Exemption			Amount \$					
	I I I I	nts to Assist the Deaf		a	ЦЦ				
	l — ·	nts to Assist Persons with Disa	Amount \$						
	Blind Exem	•		Amount \$					
	Deaf Exemption			Amount \$					
	Solar Energy Systems Exemption			Amount \$					
	Woodheating Energy Systems Exemption			Amount \$ Amount \$					
						\Box			
	Elderly & Disabled Tax Deferral Amount \$ Elderly and Disabled Tax Deferral Amount \$ 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			Mui	nicipal Comments/	Notes				
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								
ADDEAL	Manage Page			lie denied	dianat may an! !!!	an au bafair d	amán mala se disc		
APPEAL PROCE- DURE	following the date Court. Example: Forms for appeal	for a property tax exemption of e of notice of tax under RSA 7 If you were denied an exemp ing to the BTLA may be obtain calling (603) 271-2578. Be si	2:1-d to the stion from you ned from the	e New Hampshire I our 2013 property e NH BTLA, 107 PI	Board of Tax and Land Appe taxes, you have until Septen easant Street, Concord, NH	als (BTLA) or other 1, 2014, to	to the Superior		



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

	DOLD HILL TO TREGED HIS	301 24 1/4							
STEP 1	OWNER AND APPLICANT INFORMATION								
OWNER AND	OWNER If required, is a PA-33 on file?								
APPLICANT									
AND	MUMPER	750/0005							
ADDRESS									
	mumper	CANT'S FIRST NAME MI PHONE NUMBER							
	MAILING ADDRESS	CANT'S FIRST NAME MI PHONE NUMBER PROPERTY OWNER STATE ZIPCODE WH D38 74							
	111 Rte 286 #28								
	CITY/TOWN	STATE ZIPCODE							
	SEABROOK								
	PROPERTY ADDRESS	TAX MAP BLOCK LOT							
	IS THIS YOUR PRIMARY RESIDENCE? YES NO	1) 102 23							
	N'S INFORMATION								
STEP 2	VETERAN'S INFORMATION								
VETERANS'	1. APPLICANT IS THE: 2. APPLYING FOR:								
FAX CREDITS AND	Total and Trans County (1007) Standard (1007) Optional (1007) april (1007)								
EXEMPTION	Spouse All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)								
	Surviving Spouse 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 Ser	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 Dates of Military Service 4. Date of Entry 5. Date of Discharge/Release								
	3. Veteran's Name Dates of Military Service Enter (MMDDYYYY) FA VETERAN OF ALLIED COUNTRY: (RSA 72:32) 6. Name of Allied Country Served in 7. Branch of Service NAV 9. Does any other eligible Veteran own interest in this property? 8. Please Check One.								
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)								
	6. Name of Allied Country Served in 7. Branch of Service								
	Navy								
	9. Does any other eligible Veteran own interest in this property	42 SOOK 62 AMERICAN AND RESERVED TO THE RES							
	YES NO If YES, provide name	US Citizen at time of entry into Service							
	Alien but resident of NH at time of entry into Service								
STEP 3	STANDARD EXEMPTIONS								
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)								
T.COIDENS!	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 Ap	ril 1 in the year the exemption is claimed (Elderly Exemption)							
STEP 5	14. Do you own 100% interest in this residence? Yes	No. If NO, what percent (%) do you own?							
OWNERSHIP	SECTION OF THE PARTY OF THE PARTY OF THE PARTY.	THE RESIDENCE OF THE PARTY OF T							
STEP 6	Order periaties of perjury, i declare that i have examined this document and to the best of my belief the information herefit is true, confect								
SIGNATURES	and complete (Mumpers × 10-24-19								
	SIGNATURE (IVINK) OF PROPERTY OWNER	DATE							
	X FRAT MADE!	× 10-24-19							





DATE



SIGNATURE (IN INK) OF PROPERTY OWNER

VETERANS' CREDIT QUALIFICATIONS WORKSHEET In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

name of Municipality: SEABROOK							
Jame of Applicant: Josephine Mumper (Roger mumper)							
Jame of Applicant:							
Map and Lot Number of Applicant's Principal Place of Abode: 15-102-38							
Date of Original Application to Municipality: 10/24/19							
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) /0/10/56 - 10/10/59							
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 Command (Application Approved by:							
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 veteransworksheetWinst

LEGUND: Insent N/A to the items below which are not applicable 2. SERVICE NUMBER 30. GRADE, RATE OR RANK 5. PLACE OF BIRTH (City and State or Country) MUMPER, Roger Lee

4. DEPARTMENT, COMPONENT AND BRANCH OR 6. DATE DAY MONTH YEAR OF BIRTH Elizabethtown, Pe USNR 38 Penna. NOV 76. RACE b. SEX f. WEIGHT 8. U.S. CITIZEN 9. MARITAL STATUS YES NO CAU M Brown 157 Blue Single 104. HIGHEST CIVILIAN EDUCATION LEVEL b. MAJOR COURSE OR FIELD High School -04-High School -04- Vocational

114. Type of transfer or discharge Release from b. Station or installation at which effected OR Active Military Service USNAVRECSTA, MORVA C. REASON AND AUTHORITY d. EFFEC-TIVE BUPERS INST. 1910.5D -203-10 OCT 59 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 13G. CHARACTER OF SERVICE b. TYPE OF CERTIFICATE USS BOSTON (CAG-1) DD217N Honorable 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE 14. SELECTIVE SERVICE NUMBER 16. DATE INDUCTED MONTH YEAR NA NA NA 17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED COM FOUR 18. TERMINAL DATE OF RESERVE OBLIGATION 19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION 6. SOURCE OF ENTRY b. TERM OF DATE OF ENTRY SERVICE (Years) DAY MONTH YEAR ☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED MONTH YEAR OCT 62 Mother Recalled to Active Duty 21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE 20. PRIOR REGULAR ENLISTMENTS 22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) None Harrisburg, Penna 23. Home of record at time of entry into active service (Street, RFD, City, County and State) STATEMENT OF SERVICE MONTHS DAYS (1) NET SERVICE THIS PERIOD 21 OT 10 Elizabethtown, Penna FOR BASIC (2) OTHER SERVICE רם 00 21 256. SPECIALTY NUMBER AND TITLE $|\vec{b}|$. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER (3) TOTAL (Line (1) + line (2) 02 11 12 Ol 10 21 BM-0100 C. FOREIGN AND/OR SEA SERVICE 00 26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE 27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NA 29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY 28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED DATES (From - To) SCHOOL OR COURSE MAJOR COURSES COMPLETED NA NA NA BJM 30G. GOVERNMENT LIFE INSURANCE IN FORCE b. AMOUNT OF ALLOTMENT C. MONTH ALLOTMENT NA TYES □ NO 31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) b. VA CLAIM NUMBER NA 32. REMARKS RECOMMENDED FOR REENLISTMENT NO DAYS LEAVE PAID: NONE NONPAY STATUS: NONE UTHENTICATION 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 170 E. Willow St. Elizabethten, Pa R AUTHORIZED TO SIGN ADOLINO. ITIG HISNE SEP OFF



from the Armed Forces of the Anited States of America

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ROGER LEE MUMPER, 492 73 62, SN, USNR-R

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ASST. ENLISTED PERSONNEL OFFICER, 4ND