

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:

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME Nelson	FIRST NAME Stephen	INITIAL	
	PROPERTY OWNER'S LAST NAME Kow	FIRST NAME Avis	INITIAL M	
	MAILING ADDRESS 14 Coleman Ct			
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874	
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 14 Coleman Ct			
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 13 BLOCK # 54 LOT # 40			
	VETERANS' TAX CREDIT <u>Granted/Denied</u> <u>Date</u>			
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500) Amount \$ <u>1,000</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"/>
	<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="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # _____		
	<input type="checkbox"/>	Other Information _____		
	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"/>	Disabled Exemption	Amount \$ _____	<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____	<input type="checkbox"/>	
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ _____	<input type="checkbox"/>	
<input type="checkbox"/>	Blind Exemption	Amount \$ _____	<input type="checkbox"/>	
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____	<input type="checkbox"/>	
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____	<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"/>	
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 COMMENTS/ NOTES	Municipal Comments/Notes			
	Husband & Wife Veteran's Credit			
STEP 4 SIGNATURES	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/BLOCK/LOT

Res Vet + All Vet 2020

RECEIVED JUN - 5 2019

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: NELSON STEPHEN & KOW AVIS M.

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

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

MAILING ADDRESS: 14 COLEMAN CT

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

PROPERTY ADDRESS: 14 Coleman CT TAX MAP: 13 BLOCK: 54 LOT: 40

IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of Seabrook Assessor's Office

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) Res Vet + All Vet Tax Credit for Service-Connected Total Disability (RSA 72:35) Tax Credit for Surviving Spouse (RSA 72:29-a) Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: STEPHEN NELSON Dates of Military Service Enter (MMDDYYYY):

4. Date of Entry: 10/23/64 5. Date of Discharge/Release: 10/22/10

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) Kow, AVIS M 6. Name of Allied Country Served in: 7. Branch of Service:

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: AVIS M. KOW

PROPERTY OWNER NAME

STEP 3 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)

TAX MAP | BLOCK | LOT

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: [Signature] DATE: 6/5/19

SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature] DATE: 6/11/19

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)

Stephen 603-814-1285

Res Vet + All Vet

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: STEPHEN NELSON

Address of Applicant's Principal Place of Abode: 14 COLEMAN CT

Map and Lot Number of Applicant's Principal Place of Abode: 13-54-40

Date of Original Application to Municipality: 6/11/19

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) 10/23/64 - 10/22/70

Was veteran honorably discharged or separated from service? YES NO

If applicable, list any qualifying medals earned: Vietnam Service Medal w/3* & Purple Heart

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.

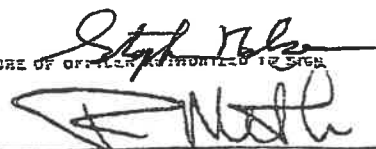
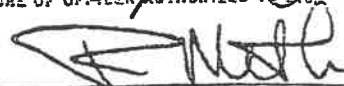
For 72:36-a: The municipality has seen a letter from the VA certifying that the veteran did receive assistance from the VA in acquiring his residential real estate.

Documentation Reviewed By: _____ Application Approved By: _____

¹ Revised September, 2006
veteransworksheetsWInst

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

13-54-40

1. LAST NAME-FIRST NAME-MIDDLE NAME NELSON, Stephen			2. SERVICE NUMBER 194 25 65			3. SOCIAL SECURITY NUMBER [REDACTED]							
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC				5a. GRADE, RATE OR RANK Sgt		5b. PAY GRADE E-5		6. DATE OF RANK DAY: 01 MONTH: Sep YEAR: 66					
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8. PLACE OF BIRTH (City and State or Country) Kinston, New York				9. DATE OF BIRTH DAY: 04 MONTH: Jan YEAR: 44						
10a. SELECTIVE SERVICE NUMBER Not Available			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Not Available				11. DATE INDUCTED DAY: MONTH: YEAR: Not Applicable						
11a. TYPE OF TRANSFER OR DISCHARGE Discharged				11b. STATION OR INSTALLATION AT WHICH EFFECTED HQ, 1st MCD, Garden City, New York 11530									
12. REASON AND AUTHORITY 202-Expiration of Enlistment. Paragraph 6009, Marine Corps Separation & Retirement Manual						13. EFFECTIVE DATE DAY: 22 MONTH: Oct YEAR: 70							
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USMC-RS Hartford, Connecticut				13a. CHARACTER OF SERVICE HONORABLE			13b. TYPE OF CERTIFICATE ISSUED DD 256-MC						
14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Not Applicable						15. REENLISTMENT CODE RE-1A							
16. TERMINAL DATE OF RESERVE/UMTSB OBLIGATION DAY: MONTH: YEAR: None			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION D. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED				18. TERM OF SERVICE (Years) 6		19. DATE OF ENTRY DAY: 23 MONTH: Oct YEAR: 64				
18. PRIOR REGULAR ENLISTMENTS One (1)			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Cpl (E-4)		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Quonset Point, Rhode Island								
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 35 Whitney Street Providence, Rhode Island 02907				22. STATEMENT OF SERVICE			YEARS		MONTHS		DAYS		
23a. SPECIALTY NUMBER & TITLE 2131 Arty Wpns Repair Man				23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Artillery Maintenance Foreman 632.131				4. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		06 00 00	
								(2) OTHER SERVICE		03 05 17			
								(3) TOTAL (Line (1) plus Line (2))		09 05 17			
				5. TOTAL ACTIVE SERVICE		09		05		17			
				6. FOREIGN AND/OR SEA SERVICE		01		01		04			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Purple Heart/2 Vietnam Service Medal w/3* Combat Action Ribbon RVN Campaign Medal w/device Good Conduct Medal w/2* Navy Unit Commendation Presidential Unit Citation RVN AF MUG of the Gallantry Cross w/frame & palm													
25. EDUCATION AND TRAINING COMPLETED High School-GEDT-1963 Career Information & Counseling-3 wks-1967 Recruiter School-6 wks-1967				26. NON-PAY PERIODS/TIME LOST (Preceding Two Years) None		27. DAYS ACCRUED LEAVE PAID 60 days		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. AMOUNT OF ALLOTMENT Not Applicable		29. MONTH ALLOTMENT DISCONTINUED Not Applicable	
				28. VA CLAIM NUMBER Not Applicable		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000							
30. REMARKS Good Conduct Medal period commences: 700505 (4th award)													
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 157 Lenox Avenue Providence, Rhode Island 02907						32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 							
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R. METLI, 1stLt, USMC, Personnel Officer						34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 							

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Name of Applicant: AVIS M KOW
Address of Applicant's Principal Place of Abode: 14 COLEMAN CT
Map and Lot Number of Applicant's Principal Place of Abode: 13-54-40
Date of Original Application to Municipality: 6/11/19

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) 9/9/87 - 9/30/90
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: _____

¹ Revised September, 2006
veteransworksheets\Inst

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **KOW AVIS MERYL** 2. DEPARTMENT, COMPONENT AND BRANCH **AIR FORCE - USAFR** 3. SOCIAL SECURITY NO. XXXXXXXXXX

4.a. GRADE, RATE OR RANK **LT COL** 4.b. PAY GRADE **O-5** 5. DATE OF BIRTH (YYMMDD) **1940 OCT 18** 6. RESERVE OBLIG. TERM. DATE: Year **1995** Month **AUG** Day **31**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **PROVIDENCE RI** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **EAST SANDWICH MA**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **R.L. THOMPSON STRATEGIC HOBBITAL (SAC)** 8.b. STATION WHERE SEPARATED **CARSWELL AIR FORCE BASE, TEXAS**

9. COMMAND TO WHICH TRANSFERRED **USAFR** 10. SGLI COVERAGE None Amount: \$ **50**

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.)
9396 A - EMERGENCY SERVICES PHYSICIAN, EMERGENCY MEDICINE SPECIALIST, 3 YEARS.

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	1987	SEP	09
b. Separation Date This Period	1990	SEP	30
c. Net Active Service This Period	03	00	22
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	08
f. Foreign Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	1987	SEP	09

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) **AF TRAINING RIBBON.**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) **MIMSO, 2 WKS, SEP 80.**

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No 16. DAYS ACCRUED LEAVE PAID **-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 **SUBJECT TO RECALL TO ACTIVE DUTY AND/OR ANNUAL SCREENING. NOTHING FOLLOWS**

RECEIVED

JUN 11 2019

Town of Seabrook Assessor's Office

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) **1609 QUEEN STREET FT WORTH TX 76103** 19.b. NEAREST RELATIVE (Name and address - include Zip Code) **MRS. M. KOW, #805 11 CRESCENT PLACE TORONTO, ONTARIO, M4C5L9, CANADA**

20. MEMBER REQUESTS COPY 6 BE SENT TO **MA** DIR. OF VET AFFAIRS Yes No

21. SIGNATURE OF MEMBER BEING SEPARATED _____ 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and position) **ELIZABETH A. SOKKIELL, TSGT, USAF**

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 **AFR 36-12** 26. SEPARATION CODE **M66** 27. REENTRY CODE **NOT APPLICABLE**

28. NARRATIVE REASON FOR SEPARATION **VOL RELEASE: EXPIRATION OF TERM OF SERVICE**

29. DATES OF TIME LOST DURING THIS PERIOD **NONE** 30. MEMBER REQUESTS COPY 4 **GMK** Initials