

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"

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	Randall	Thomas	
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	Randall	Marie	
	MAILING ADDRESS		
508 Manchester St			
CITY/TOWN		STATE	ZIP CODE
Seabrook		NH	03874
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED			
508 Manchester St			

<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP #	BLOCK #	LOT #
	21	508	
	<b>VETERANS' TAX CREDIT</b>		
	Granted/Denied Date		
<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$	500 <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 _____		

<b>VETERANS' EXEMPTION</b>			Granted	Denied	Date		
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<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			Granted	Denied	Date
<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"/>	_____

<input type="checkbox"/>	<b>Elderly &amp; Disabled Tax Deferral</b>	Amount \$	Granted	Denied
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	_____	<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)

<b>STEP 3 COMMENTS/ NOTES</b>	Municipal Comments/Notes		
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<b>STEP 4 SIGNATURES</b>	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](http://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

DEC 31 2019

**STEP 1 OWNER AND APPLICANT NAME AND ADDRESS**

**OWNER AND APPLICANT INFORMATION**

OWNER: RANDALL THOMAS + MARIE

If required, is PA-33 on file?  Yes  No

APPLICANT'S LAST NAME: RANDALL APPLICANT'S FIRST NAME: THOMAS MI:          PHONE NUMBER:         

APPLICANT'S LAST NAME: RANDALL APPLICANT'S FIRST NAME: MARIE MI:          PHONE NUMBER:         

MAILING ADDRESS: 508 MANCHESTER ST

CITY/TOWN: SEABROOK NH STATE:          ZIP CODE: 03824

PROPERTY ADDRESS: 508 Manchester St TAX MAP: 21 BLOCK: 508 LOT:         

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

**STEP 2 VETERANS' TAX CREDITS AND EXEMPTION**

**VETERAN'S INFORMATION**

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: THOMAS J RANDALL Dates of Military Service Enter (MMDDYYYY):         

4. Date of Entry: 7/7/76 5. Date of Discharge/Release: 5/6/81

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

6. Name of Allied Country Served in:          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

**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.

[Signature] SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 12/31/19

[Signature] SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 12/31/19

TAX MAP BLOCK LOT

all  
12/31/19  
2020

moved  
from Seabrook  
Res. -  
12/31/19

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

Name of Municipality: Sunkook  
Name of Applicant: Thomas J. Randall  
Address of Applicant's Principal Place of Abode: \_\_\_\_\_  
Map and Lot Number of Applicant's Principal Place of Abode: 21-508-0  
Date of Original Application to Municipality: 12/31/19

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) 1/7/76 Name of Conflict: 5/6/81

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](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](http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Dischg_Papers_Web_0804.doc)

Documentation Reviewed By: Camana Families Application Approved by: OT 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)<sup>1</sup>

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: \_\_\_\_\_

21-508-0

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT DOCUMENT SAFEGUARD IT

ANY ALTERATIONS IN THESE AREAS RENDER FORM INVALID

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) RANDALL, THOMAS JOSEPH 2. DEPARTMENT, COMPONENT AND BRANCH U.S.A.F. 103 AIR FORCE 3. SOCIAL SECURITY NO.

4a. GRADE, RATE OR RANK SGT 4b. PAY GRADE E-4 5. DATE OF BIRTH 1954 SEP 25 6. PLACE OF ENTRY INTO ACTIVE DUTY MANCHESTER, NH

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 834 SPS (TAC) 8. STATION WHERE SEPARATED HURLBERT FLD FL

9. COMMAND TO WHICH TRANSFERRED USAFR 10. SGLI COVERAGE AMOUNT \$ 20,000 NONE

Table with 4 columns: Record of Service, Year(s), Mon(s), Day(s). Rows include Date Entered AD (1976 JUL 07), Separation Date (1981 MAY 06), Net Active Service (04 10 00), Total Prior Active Service (00 00 00), Total Prior Inactive Service (00 01 03), Foreign Service (00 00 00), Sea Service (NA), Effective Date of Pay Grade (1979 MAY 01), Reserve Oblig. Term. Date (1982 JUN 03).

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) AIR FORCE OUTSTANDING UNIT AWARD, AIR FORCE GOOD CONDUCT MEDAL, AIR FORCE LONGEVITY SERVICE RIBBON

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) BASIC MILITARY TRNG, 6WKS, AUG 76, USAF NCO ORIENTATION CRSE, JUN 79, USAF SUPERVISORY CRSE, OCT 80

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 31.0

18. REMARKS I certify this to be a true copy of the original... Authority: Veterans Administration Form 4505 dated Jan. 10, 1976. CY 3: VA DATA PROC CTR 214, AUSTIN, TX 78772. CY 5: DEPT. OF LABOR, BATON ROUGE, LA 70804.

19. MAILING ADDRESS AFTER SEPARATION 508 ATLANTIC AVE SEABROOK, NH 03874 20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED Thomas J. Randall 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN DICK BAY, CAPT, USAF, CHIEF QUALITY BRANCH

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

Table with 4 columns: Type of Separation (RELEASE FROM ACTIVE DUTY), Character of Service (HONORABLE), Separation Authority (AFR 39-10), Separation Code (MRK), Narrative Reason for Separation (EXPIRATION TERM OF ACTIVE OBLIGATED SERVICE), Dates of Time Lost During This Period (NONE), Reenlistment Code (1F), Member Requests Copy 4 (JBR).