

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:

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>Snow</b>	FIRST NAME <b>Robert</b>	INITIAL <b>J</b>					
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL					
	MAILING ADDRESS <b>54 Brown Ave</b>							
	CITY/TOWN <b>Seabrook</b>	STATE <b>NH</b>	ZIP CODE <b>03874</b>					
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED <b>54 Brown Ave</b>							
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>15</b>		BLOCK # <b>102</b>	LOT # <b>54</b>				
	<b>VETERANS' TAX CREDIT</b>							
	<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"/>	<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"/>	Other Information _____						
	<b>VETERANS' EXEMPTION</b>							
	<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"/>	<input type="text"/>
<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>								
<b>Income Limits</b>		<b>Disabled Exemption</b>		<b>Elderly Exemption</b>		<b>Elderly Exemption Per Age Category</b>		
Single	\$ _____		\$ _____			65 - 74 years of age	\$ _____	
Married	\$ _____		\$ _____			75 - 79 years of age	\$ _____	
<b>Asset Limits</b>						80 + years of age	\$ _____	
Single	\$ _____		\$ _____					
Married	\$ _____		\$ _____					
<b>OTHER EXEMPTIONS</b>								
<u>Granted</u> <u>Denied</u> <u>Date</u>								
<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"/>		
<b>Elderly &amp; Disabled Tax Deferral</b>								
<u>Granted</u> <u>Denied</u>								
<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 <b>following</b> the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)								
<b>STEP 3 COM- MENTS/ NOTES</b>	Municipal Comments/Notes							
<b>STEP 4 SIGNA- TURES</b>	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink			Date		
	<b>About B. Khan, Chairman</b>							
	<b>Theresa Kyle</b>							
	<b>Ella Brown</b>							
<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1st</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .							

PROPERTY OWNERS NAME

PROPERTY OWNERS NAME

TAX MAP/BLCK/LOT

all set  
JC  
2020

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: SNOW ROBERT JOHN

APPLICANT'S LAST NAME: SNOW APPLICANT'S FIRST NAME: ROBERT MI: MI PHONE NUMBER: 603-380-7399

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

MAILING ADDRESS: 54 Brown Ave

CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 54 Brown Ave TAX MAP: 15 BLOCK: 103 LOT: 54

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

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

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: Robert J. Snow Dates of Military Service Enter (MMDDYYYY): 4. Date of Entry: 1-15-81 5. Date of Discharge/Release: 11-9-82

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

6. Name of Allied Country Served in: 7. Branch of Service: Army

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 (IN INK) OF PROPERTY OWNER: [Signature] DATE: 1-8-20

SIGNATURE (IN INK) OF PROPERTY OWNER: DATE:

TAX MAP | BLOCK | LOT

ALL SET  
JAN 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: Robert J. Snow  
Address of Applicant's Principal Place of Abode: 54 Brown Ave  
Map and Lot Number of Applicant's Principal Place of Abode: 15-102-54  
Date of Original Application to Municipality: 1-29-2018

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) 1-15-81 - 11-9-82 Name of Conflict: \_\_\_\_\_

Was veteran honorably discharged or separated from service? YES  NO

If applicable, list any qualifying medals earned: none

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\\_Discharge\\_Papers\\_Web\\_0804.doc](http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Discharge_Papers_Web_0804.doc)

Documentation Reviewed By: Syenna Camille Application Approved by: AT 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: \_\_\_\_\_

<b>DD FORM 1 JUL 79 214</b>		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		<b>CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY</b>	
1. NAME (Last, first, middle) <b>SMITH, ROBERT JAMES</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/ ARNG</b>		3. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
4a. GRADE, RATE OR RANK <b>PVT</b>	4b. PAY GRADE <b>E-1</b>	5. DATE OF BIRTH <b>610605</b>	6. PLACE OF ENTRY INTO ACTIVE DUTY <b>FAYETTEVILLE, MA</b>		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>CO A 2D BN 20 SIG BN CO 101ST INGR BN</b>			8. STATION WHERE SEPARATED <b>FORT LEONARD WOOD, MO</b>		
9. COMMAND TO WHICH TRANSFERRED <b>CO A 101ST INGR BN NEWBURGHPORT, MA 01950</b>			10. SGLI COVERAGE AMOUNT \$ <b>20</b> 000 <input type="checkbox"/> NONE		
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)  <b>12B10 COMBAT ENGINEER</b>  <b>0 YRS 0 MONS</b>		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	YEAR (s)	MON (s)	DAY (s)
		<b>81</b>	<b>07</b>	<b>15</b>	
		b. Separation Date This Period	<b>81</b>	<b>10</b>	<b>16</b>
		c. Net Active Service This Period <b>94 days</b>	<b>00</b>	<b>03</b>	<b>02</b>
		d. Total Prior Active Service	<b>00</b>	<b>00</b>	<b>00</b>
		e. Total Prior Inactive Service	<b>00</b>	<b>00</b>	<b>00</b>
		f. Foreign Service	<b>00</b>	<b>00</b>	<b>00</b>
g. Sea Service		<b>00</b>	<b>00</b>	<b>00</b>	
h. Effective Date of Pay Grade		<b>81</b>	<b>04</b>	<b>22</b>	
i. Reserve Oblig. Term. Date		<b>87</b>	<b>06</b>	<b>21</b>	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  <b>SPS QUAL BAD #16</b> <b>MEM QUAL BAD #/0</b>					
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)  <b>COMBAT ENGINEER 12 WKS OCT 81</b>					
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID <b>3</b>	
18. REMARKS  <b>NOTHING FOLLOWS</b>					
19. MAILING ADDRESS AFTER SEPARATION <b>115 EAST BROADWAY FAYETTEVILLE, MA 01930</b>			20. MEMBER REQUESTS COPY 6 BE SENT TO _____ DIR. OF VET AFFAIRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED <b>[Signature]</b>		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN <b>STEVE LARSON, CPT, AGC, CHIEF, TRF PT</b>			

**RECEIVED**  
JAN - 8 2020

Town of Seabrook  
Assessor's Office

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION <b>RELIEF FROM ADT</b>		24. CHARACTER OF SERVICE (Includes upgrades) <b>RETIREABLE</b>	
25. SEPARATION AUTHORITY <b>PARA 5-15 AR 635-200</b>		26. SEPARATION CODE <b>10D</b>	27. REENLISTMENT CODE <b>NA</b>
28. NARRATIVE REASON FOR SEPARATION <b>REL. FR. ADT UNDER THE RES ENL. PROG UPON COMPLETION OF RES TRG AND A MIN OF 12 WKS ADT</b>			
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>		30. MEMBER REQUESTS COPY 4 <b>[Signature]</b> INITIALS	

# Honorable Discharge



from the Federally Recognized Army National Guard

*This is to certify that*

ROBERT JOHN SNOW 030-50-6020 PVT E-2 CO A 101ST ENGR BN 26TH INF DIV

*was Honorably Discharged from the* **ARMY NATIONAL GUARD OF**

MASSACHUSETTS

*on the* NINTH *day of* NOVEMBER 1982

*This certificate is awarded as a testimonial of Honors and Faithful Service*

This discharge does not relieve the individual named herein from any reserve obligation to which he may be subject under the provisions of the Universal Military Training and Service Act, as amended

JOHN B. ENCARNACAO LTC BN CDR