

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 Stasiak	FIRST NAME John	INITIAL B					
	PROPERTY OWNER'S LAST NAME Stasiak	FIRST NAME Mary	INITIAL P					
	MAILING ADDRESS 111 Rte 286 #31							
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874					
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 31 Norman Road							
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 15		BLOCK # 102	LOT # 31				
	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	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
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 \$	<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"/>	<u> </u>		
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					
	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

RECEIVED

AUG 28 2019

FORM PA-29

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

2816/2000

Town of Seabrook Assessor's Office

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION				
	OWNER				
	If required, is a PA-33 off file? <input type="radio"/> YES <input type="radio"/> NO				
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		
	Stasiak		John		
	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		
			Mary		
	MAILING ADDRESS				
	31 Norman Rd. 111 Rte 286 #31				
	CITY/TOWN STATE ZIP CODE				
PROPERTY ADDRESS TAX MAP BLOCK LOT					
31 Norman Rd. 15 102 31					
IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO					
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION				
	1. APPLICANT IS THE:		2. APPLYING FOR:		
	<input checked="" type="radio"/> Veteran		<input checked="" type="checkbox"/> Tax Credit Veterans' Standard (RSA 72:28)		
	<input type="radio"/> Spouse		<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35)		
	<input type="radio"/> Surviving Spouse		<input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")		
			<input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)		
	3. Veteran's Name		4. Date of Entry	5. Date of Discharge/Release	
	JOHN B STASIAK		1/4/71	3/3/71	
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)				
	6. Name of Allied Country Served in		7. Branch of Service	8. Please Check One.	
		Army	<input checked="" type="radio"/> US Citizen at time of entry into Service		
9. Does any other eligible Veteran own interest in this property?		<input type="radio"/> Alien but resident of NH at time of entry into Service			
YES NO <input type="radio"/> <input checked="" type="radio"/>					
STEP 3 EXEMPTIONS	STANDARD EXEMPTIONS				
	10. <input type="checkbox"/> 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 <input type="text"/> 10b. Spouse's Date of Birth <input type="text"/>				
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)				
	LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)				
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)		
	<input type="checkbox"/> Deaf Exemption (RSA 72:38-b)		<input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)		
	<input type="checkbox"/> Disabled Exemption (RSA 72:37-b)		<input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)		
	STEP 4 RESIDENCY	13. <input checked="" type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)			
		<input type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed			
STEP 5 OWNERSHIP	<input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)				
	14. Do you own 100% interest in this residence? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <input type="text"/>				
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		DATE		
	John B. Stasiak		8/28/19		
SIGNATURE (IN INK) OF PROPERTY OWNER		DATE			
Mary P. Stasiak		8/28/19			
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)				

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

Moved to 574e 2016

res 12 2000

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: John B Stasiak
Address of Applicant's Principal Place of Abode: 31 Norman Rd
Map and Lot Number of Applicant's Principal Place of Abode: 15-102-31
Date of Original Application to Municipality: 8/28/19

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) 1/4/71 - 5/3/71

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: Gemma Camilleri 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)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\WInst

15-102-31

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME STASIAK, JOHN B		2. SERVICE NUMBER NA		3. SOCIAL SECURITY NUMBER 016 40 9203		
	4. DEPARTMENT COMPONENT AND BRANCH OR CLASS ARMY NGUS UNASGD			5a. GRADE RATE OR RANK PV2	b. PAY GRADE E2	6. DATE OF RANK DAY: 4 MONTH: Jan YEAR: 71	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Somerville, Mass.			9. DATE OF BIRTH DAY: 12 MONTH: Jul YEAR: 50	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 19 109 50 303		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY COUNTY, STATE AND ZIP CODE LB #109, Woburn, Mass.			c. DATE INDUCTED DAY: MONTH: YEAR: NA	
	11a. TYPE OF TRANSFER OR DISCHARGE (See 30) Released to ARNG of Massachusetts				b. STATION OR INSTALLATION AT WHICH EFFECTED Ft Gordon, Ga		
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AR 635-200 SPN 764 Completion of training				d. EFFECTIVE DATE DAY: 3 MONTH: May YEAR: 71		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3d US ARMY Co C 11th Bn 4th AIT Bde USATC (MP)			13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED NONE	
	14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Revert to ARNGUS of Massachusetts				15. REENLISTMENT CODE NA		
	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY: MONTH: YEAR: NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER Ordered to ACDUTRA			b. TERM OF SERVICE (Years) NA	
18. PRIOR REGULAR ENLISTMENTS None		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PV1		c. DATE OF ENTRY DAY: 4 MONTH: Jan YEAR: 71			
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Woburn, Mass.		21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1 Mill Street Woburn (Middlesex) Mass 01801		22. STATEMENT OF SERVICE			
23a. SPECIALTY NUMBER & TITLE 95B10 Military Policeman		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 375 Policeman		YEARS MONTHS DAYS			
				a. CREDITABLE FOR BASIC PAY PURPOSES			
				(1) NET SERVICE THIS PERIOD 0 4 0			
				(2) OTHER SERVICE 0 7 3			
				(3) TOTAL (Line (1) plus Line (2)) 0 11 3			
				b. TOTAL ACTIVE SERVICE 0 4 0			
				c. FOREIGN AND/OR SEA SERVICE 0 0 0			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Sharpshooter (Rifle)							
25. EDUCATION AND TRAINING COMPLETED ATP 21-114 Code of Conduct Mil Justice CBR Tng Mil Police crs - 4th AIT Bde - 1971							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) None		b. DAYS ACCRUED LEAVE PAID 10		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	26b. VA CLAIM NUMBER NA		27b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA		
28. SERVICE MEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		30. REMARKS 2 years College- Computers 19 WEEKS ACDUTRA Blood Group: B Item 11a: Released from active duty and returned to State Control as a member of the Army National Guard of Massachusetts to complete remaining service obligation 5 years.					
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as Item #21.			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED John B. Stasiak			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER G. E. GODBEE CW4 USA Asst Adj Gen			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [Signature]			

Honorable Discharge



from the Armed Forces of the United States of America

This is to certify that

Private First Class John D Stasiak 26th Military Police Company

was Honorably Discharged from the ARMY NATIONAL GUARD OF

Massachusetts

AND AS A RESERVE OF THE ARMY

on the Sixth *day of* July Nineteen Hundred And Seventy-One

This certificate is awarded as a testimonial of Honest 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

Edward F. Logan
Edward F Logan
Major General

NSG FORM 55
1 JULY 59

REPLACES NSG FORM 55 DATED 1 JAN 53, WHICH IS OBSOLETE