

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"

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	Watts		Robert		M	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	Watts		Susan		M	
	MAILING ADDRESS					
10 Susan Lane						
CITY/TOWN		STATE		ZIP CODE		
Seabrook		NH		03874		
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED						
10 Susan Lane						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 10		BLOCK # 43		LOT # 4	
	VETERANS' TAX CREDIT					<u>Granted/Denied</u> <u>Date</u>
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)		Amount \$	500	<input 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"/>
	<input type="checkbox"/>			<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		
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"/>	
<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"/>	
Elderly & Disabled Tax Deferral					<u>Granted</u> <u>Denied</u>	
<input type="checkbox"/>	Elderly and Disabled Tax Deferral		Amount \$		<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)						
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 PROCE- DURE	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 OWNERS NAME

PROPERTY OWNERS NAME

TAX MAP/BLOCK/LOT

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED AUG - 5 2011

STEP 1 OWNER AND APPLICANT INFORMATION

Town of Seabrook Assessor's Office

OWNER AND APPLICANT NAME AND ADDRESS: Robert + Susan Watts

APPLICANT'S LAST NAME: Watts | APPLICANT'S FIRST NAME: Robere | MI: m. | PHONE NUMBER: []

APPLICANT'S LAST NAME: WATTS | APPLICANT'S FIRST NAME: Susan | MI: m. | PHONE NUMBER: []

MAILING ADDRESS: 10 Susan Lane

CITY/TOWN: Seabrook | STATE: NH | ZIP CODE: 03874

PROPERTY ADDRESS: 10 Susan Lane | TAX MAP: 10 | BLOCK: 43 | LOT: 4

IS THIS YOUR PRIMARY RESIDENCE? YES NO

If required, is a PA-33 on file? YES NO

STEP 2 VETERAN'S INFORMATION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR: Tax Credit Veterans' Standard (RSA 72:28) Tax Credit for Service-Connected Total Disability (RSA 72:35) Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: Robert M. Watts | Dates of Military Service: [] | 4. Date of Entry: 10-6-83 | 5. Date of Discharge/Release: 2-19-84

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

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

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: []

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)

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: [] DATE: 8/5/19

SIGNATURE (IN INK) OF PROPERTY OWNER: Susan M. Watts DATE: 8/5/19

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

1162

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 M. Watts
Address of Applicant's Principal Place of Abode: 10 Susan Lane
Map and Lot Number of Applicant's Principal Place of Abode: 10-43-4
Date of Original Application to Municipality: 8/5/19

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) 10-6-83 - 2-19-84 Name of Conflict: _____
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: Carolina Casilla Application Approved by: af 1/14/80

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: _____

Date of Review: _____ Date of Review: _____ Date of Review: _____

CUSTOMER

DD FORM 214
COPY 1 79

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

Thank you!

1. NAME (Last, first, middle) **WATTS, ROBERT MARK** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/ USAR** 3. SOCIAL SECURITY NO. [REDACTED]

4a. GRADE, RATE OR RANK **PVT** 4b. PAY GRADE **E-1** 5. DATE OF BIRTH **651120** 6. PLACE OF ENTRY INTO ACTIVE DUTY **SEABROOK, NH**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **CO 4, 4TH BN, 4TH BDE USATC ENGR TRADOC TC** 8. STATION WHERE SEPARATED **FORT LEONARD WOOD MO**

9. COMMAND TO WHICH TRANSFERRED **CO A 368TH GRENIER FIELD, MANCHESTER, NH 03103** 10. SGLI COVERAGE AMOUNT \$ **35,000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)	12. RECORD OF SERVICE			
	YEAR (s)	MON (s)	DAY (s)	
62J10 GEN CONST EQUIP OP 0 YRS 0 MONS	a. Date Entered AD This Period	83	10	06
	b. Separation Date This Period	84	02	19
	c. Net Active Service This Period	00	04	14
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	04	13
	f. Foreign Service	00	00	00
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	83	05	23
i. Reserve Oblig. Term. Date		89	05	22

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
SPS QUAL BAD M-16
SPS QUAL BAD H/G

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
GEN CONST EQUIP OP 8 WKS FEB 84

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 **NONE**

18. REMARKS
EXCESS LEAVE (CRED FOR ALL PURPOSES EXCEPT PAY AND ALWS) 2DAYS: 840102-840103.
NOTHING FOLLOWS

RECEIVED

AUG - 5 2019

Town of Seabrook Assessor's Office

19. MAILING ADDRESS AFTER SEPARATION **40 WALTON RD SEABROOK, NH 03874** 20. MEMBER REQUESTS COPY 6 BE SENT TO AFFAIRS DIR. OF VET YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED *[Signature]* 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **P. E. MCGINNIS, MSG, CHIEF, TRF PT**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION **RELIEF FROM ADT** 24. CHARACTER OF SERVICE (Includes upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **AR 635-200, PARA 16-9a** 26. SEPARATION CODE **MCD** 27. REENLISTMENT CODE **NA**

28. NARRATIVE REASON FOR SEPARATION **RESERVE COMPONENT PERSONNEL UPON COMPLETION OF MOS TRAINING**

29. DATES OF TIME LOST DURING THIS PERIOD **NONE** 30. MEMBER REQUESTS COPY 4 *[Signature]* INITIALS