

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR  
TAX DEFERRAL APPLICATION**

**STEP 1 OWNER AND APPLICANT INFORMATION**

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

APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI

APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI

MAILING ADDRESS

CITY/TOWN  STATE  ZIPCODE

PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed

TAX MAP  BLOCK  LOT

**STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL**

**VETERANS' TAX CREDITS / EXEMPTION**

|   | AMOUNT | GRANTED                          | DENIED                | DATE |
|---|--------|----------------------------------|-----------------------|------|
| <input checked="" type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)   | \$500  | <input checked="" type="radio"/> | <input type="radio"/> |      |
| <input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)  |        | <input type="radio"/>            | <input type="radio"/> |      |
| <input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)   |        | <input type="radio"/>            | <input type="radio"/> |      |
| <input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)   |        | <input type="radio"/>            | <input type="radio"/> |      |
| <input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)   |        | <input type="radio"/>            | <input type="radio"/> |      |
| <input type="checkbox"/> Review Applicable Discharge Papers Form(s) <input type="text"/>  |        |                                  |                       |      |
| <input type="checkbox"/> Other Information <input type="text"/>   |        |                                  |                       |      |
| <input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the <input type="radio"/> Veteran <input type="radio"/> Surviving Spouse GRANTED <input type="radio"/> DENIED <input type="radio"/> |        |                                  |                       |      |

**APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS**

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

| Income Limits | Deaf Exemption       | Disabled Exemption   | Elderly Exemption    | Elderly Exemption Per Age Category      |
|---------------|----------------------|----------------------|----------------------|---|
| Single        | <input type="text"/> | <input type="text"/> | <input type="text"/> | 65-74 years of age <input type="text"/> |
| Married       | <input type="text"/> | <input type="text"/> | <input type="text"/> | 75-79 years of age <input type="text"/> |
| Asset Limits  |                      |                      |                      | 80+ years of age <input type="text"/>   |
| Single        | <input type="text"/> | <input type="text"/> | <input type="text"/> |   |
| Married       | <input type="text"/> | <input type="text"/> | <input type="text"/> |   |

**STANDARD and LOCAL OPTIONAL EXEMPTIONS (when previously adopted by the City/Town)**

|   | AMOUNT               | GRANTED               | DENIED                | DATE                 |
|---|----------------------|-----------------------|-----------------------|----------------------|
| <input type="checkbox"/> Elderly Exemption                                | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> Improvements to Assist Persons with Disabilities | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> Blind Exemption                                  | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> Deaf Exemption                                   | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> Disabled Exemption                               | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> Electric Energy Storage Systems Exemption        | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> Solar Energy Systems Exemption                   | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> Woodheating Energy Systems Exemption             | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| <input type="checkbox"/> Wind-powered Energy Systems Exemption            | <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

**ELDERLY / DISABLED TAX DEFERRAL**

Elderly & Disabled Tax Deferral GRANTED  DENIED  AMOUNT  DATE

For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)

**STEP 3 COMMENTS / NOTES**

Municipal Notes

NEW FOR 2020

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR  
TAX DEFERRAL APPLICATION**

**MUNICIPAL AUTHORIZATION**

| <b>STEP 4 SIGNATURES</b>   |   |               |
|--|---|---------------|
| _____<br>THERESA KYLE, CHAIRMAN<br>PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL | _____<br>SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL | _____<br>DATE |
| _____<br>ELLA BROWN<br>PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL             | _____<br>SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL | _____<br>DATE |
| _____<br>ABOUL B KHAN<br>PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL           | _____<br>SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL | _____<br>DATE |
| _____<br>PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL                           | _____<br>SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL | _____<br>DATE |
| _____<br>PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL                           | _____<br>SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL | _____<br>DATE |
| _____<br>PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL                           | _____<br>SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL | _____<br>DATE |
| _____<br>PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL                           | _____<br>SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL | _____<br>DATE |

**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 1** following the date of notice of tax as defined in RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the Superior Court in the county where the property is located. **Example:** If you were denied an exemption from your 2014 property taxes, you have until September 1, 2015, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at [www.nh.gov/btla](http://www.nh.gov/btla); or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

**INSTRUCTIONS**

|  |
|--|
| <b>STEP 1 PROPERTY OWNER'S INFORMATION</b>   |
| Please type or print the property owner(s) name and address in the spaces provided. Also enter the property address, tax map, block and lot numbers of the property for which the exemption, tax credit or tax deferral is claimed.  |
| <b>STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL</b>  |
| Check the Tax Credit(s) / Exemption(s) / Tax Deferral box(es) which apply to the property listed in Step 1.<br>Check the box(es) Granted or Denied which apply.<br>Place the amount of the Tax Credit / Exemption / Tax Deferral which was granted or denied.<br>Place the date the Tax Credit / Exemption / Tax Deferral was granted or denied.<br>For those exemptions having income or asset limitations, the municipal assessing officials may request true copies of any documents needed to verify eligibility.<br>All documents and copies of such documents submitted by the applicant shall be returned to the applicant after a decision is made on the application. |
| <b>STEP 3 COMMENTS / NOTES</b>   |
| Optional space to place any notes or comments which the applicant should be made aware of.   |
| <b>STEP 4 SIGNATURES</b>   |
| Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.  |

RECEIVED

MAY 12 2020

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER

If required, is a PA-33 on file?  
 YES  NO  
 Town of Seabrook Assessor's Office

APPLICANT'S LAST NAME: JOSHUA R + MEGAN AVIN  
 APPLICANT'S FIRST NAME: JOSHUA  
 MI: R  
 PHONE NUMBER: [ ]

APPLICANT'S LAST NAME: AVIN  
 APPLICANT'S FIRST NAME: MEGAN  
 MI: [ ]  
 PHONE NUMBER: [ ]

MAILING ADDRESS: 11 BORDERS WINDS AVE  
 CITY/TOWN: SEABROOK STATE: NH ZIPCODE: 03874  
 PROPERTY ADDRESS: Same TAX MAP: 2 BLOCK: 94 LOT: 3

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

VETERAN'S INFORMATION

STEP 2  
VETERANS'  
TAX CREDITS  
AND  
EXEMPTION

1. APPLICANT IS THE:  Veteran  Spouse  Surviving Spouse

2. APPLYING FOR:  
 Veterans' Tax Credit (RSA 72:26) 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: AVIN, JOSHUA R Dates of Military Service: [ ] Enter (MMDDYYYY)  
 4. Date of Entry: 9/1/10 5. Date of Discharge/Release: 5/8/14

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)  
 6. Name of Allied Country Served in: [ ] 7. Branch of Service: [ ]  
 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

PROPERTY OWNER NAME

STANDARD EXEMPTIONS

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 72:86)  
 Disabled Exemption (RSA 72:37-b)  Woodheating Energy Systems Exemption (RSA 72:70)  
 Electric Energy Storage Systems Exemption (RSA 72:85)

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)

TAX MAP | BLOCK | LOT

STEP 4  
RESIDENCY

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.

X [Signature]  
 SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 4/15/2020  
 [Signature]  
 SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 4/15/2020

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: Joshua R. Arin

Address of Applicant's Principal Place of Abode: 11 Borderwinds Ave

Map and Lot Number of Applicant's Principal Place of Abode: 2-94-3

Date of Original Application to Municipality: 5/12/2020

**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) 9/1/10 - 5/8/14

Was veteran honorably discharged or separated from service? YES  NO

If applicable, list any qualifying medals earned: Purple Heart, Global War on Terrorism  
Svc Medal

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: [Signature] Application Approved by: [Signature] 5/26/2020

**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: \_\_\_\_\_

<sup>1</sup> Revised September, 2006  
veteransworksheets\Inst

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

2943

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

|   |   |  |  |  |                                       |
|---|---|--|--|--|---------------------------------------|
| <b>1. NAME (Last, First, Middle)</b><br>AVIN, JOSHUA RANDALL  |   | <b>2. DEPARTMENT, COMPONENT AND BRANCH</b><br>ARMY/RA  |  | <b>3. SOCIAL SECURITY NUMBER</b><br>[REDACTED] |                                       |
| <b>4a. GRADE, RATE OR RANK</b><br>SPC   | <b>b. PAY GRADE</b><br>E04  | <b>5. DATE OF BIRTH (YYYYMMDD)</b><br>19850620   | <b>6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)</b><br>00000000   |  |                                       |
| <b>7a. PLACE OF ENTRY INTO ACTIVE DUTY</b><br>BOSTON, MASSACHUSETTS   |   | <b>b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)</b><br>55 VALLEY RD<br>TOPSFIELD MASSACHUSETTS 01983  |  |  |                                       |
| <b>8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b><br>040023INBN RIFLE CO FC   |   |  | <b>b. STATION WHERE SEPARATED</b><br>JB LEWIS-MCCHORD, WA 98433-9500   |  |                                       |
| <b>9. COMMAND TO WHICH TRANSFERRED</b><br>N/A   |   |  | <b>10. SGLI COVERAGE</b><br>NONE<br>AMOUNT: \$ 400,000.00  |  |                                       |
| <b>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.)</b><br>11B10 INFANTRYMAN - 3 YRS 5 MOS / NOTHING FOLLOWS  |   | <b>12. RECORD OF SERVICE</b>   |  |  |                                       |
| <p>RECEIVED</p> <p>APR 15 2020</p> <p>Town of Seabrook<br/>Assessor's Office</p>  |   | <b>a. DATE ENTERED AD THIS PERIOD</b>  | 2010   | 09   | 01                                    |
|   |   | <b>b. SEPARATION DATE THIS PERIOD</b>  | 2014   | 05   | 08                                    |
|   |   | <b>c. NET ACTIVE SERVICE THIS PERIOD</b>   | 0003   | 08   | 08                                    |
|   |   | <b>d. TOTAL PRIOR ACTIVE SERVICE</b>   | 0000   | 00   | 00                                    |
|   |   | <b>e. TOTAL PRIOR INACTIVE SERVICE</b>   | 0000   | 00   | 00                                    |
|   |   | <b>f. FOREIGN SERVICE</b>  | 0000   | 07   | 20                                    |
|   |   | <b>g. SEA SERVICE</b>  | 0000   | 00   | 00                                    |
|   |   | <b>h. INITIAL ENTRY TRAINING</b>   | 0000   | 03   | 16                                    |
|   |   | <b>i. EFFECTIVE DATE OF PAY GRADE</b>  | 2012   | 09   | 01                                    |
| <b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</b><br>AFGHANISTAN CAMPAIGN MEDAL W/ CAMPAIGN STAR //PURPLE HEART//ARMY COMMENDATION MEDAL//ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON//NATO MEDAL//CONT IN BLOCK 18 |   | <b>14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)</b><br>COMBATIVES LEVEL 1, 1 WEEK, 2011//INFANTRYMAN, 6 WEEKS, 2010//LANGUAGE TRAINING - PASHTO (AFGHANI/PAKISTANI), 16 WEEKS, 2011//SMALL UNMANNED AERIAL VEHICLE (RAVEN) OPERATOR CRS, 2 WEEKS, 2011//WARRIOR LEADER CRS, 4 WEEKS, 2013//NOTHING FOLLOWS |  |  |                                       |
| <b>15a. COMMISSIONED THROUGH SERVICE ACADEMY</b>  |   | YES  | X  | NO   |                                       |
| <b>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)</b>   |   | YES  | X  | NO   |                                       |
| <b>c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA )</b>   |   | YES  | X  | NO   |                                       |
| <b>16. DAYS ACCRUED LEAVE PAID</b><br>3   | <b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b> |  |  | YES  | NO                                    |
| <b>18. REMARKS</b><br>BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20100422-20100831//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN AFGHANISTAN 20120415-20121204//DISABILITY SEVERANCE PAY -- \$26589.60//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//CONT FROM BLOCK 13: //COMBAT INFANTRYMAN BADGE//DRIVER AND MECHANIC BADGE W/DRIVER-WHEELED VEHICLE(S) CLASP//NOTHING FOLLOWS                   |   |  |  |  |                                       |
| The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.   |   |  |  |  |                                       |
| <b>19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)</b><br>55 VALLEY RD<br>TOPSFIELD MASSACHUSETTS 01983  |   |  | <b>b. NEAREST RELATIVE (Name and address - include ZIP Code)</b><br>KIM AVIN<br>46 CHARNOCK ST<br>BEVERLY MASSACHUSETTS 01915                                      |  |                                       |
| <b>20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)</b> MA OFFICE OF VETERANS AFFAIRS X YES NO  |   |  |  |  |                                       |
| <b>a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)</b> X YES NO  |   |  |  |  |                                       |
| <b>21.a. MEMBER SIGNATURE</b><br>ESIGNED BY: AVIN, JOSHUA.<br>RANDALL.1398122468  |   | <b>b. DATE (YYYYMMDD)</b><br>20140325  | <b>22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)</b><br>ESIGNED BY: MCLEMORE, LUCIAN, W.1060905955<br>LUCIAN W. MCLEMORE, GS07, LEAD HRA |  | <b>b. DATE (YYYYMMDD)</b><br>20140325 |

|  |  |   |   |
|--|--|---|---|
| <b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>                      |  |   |   |
| <b>23. TYPE OF SEPARATION</b><br>DISCHARGE   |  | <b>24. CHARACTER OF SERVICE (Include upgrades)</b><br>HONORABLE |   |
| <b>25. SEPARATION AUTHORITY</b><br>AR 635-40, CHAP 4   |  | <b>26. SEPARATION CODE</b><br>JEA                               | <b>27. REENTRY CODE</b><br>3                        |
| <b>28. NARRATIVE REASON FOR SEPARATION</b><br>DISABILITY, SEVERANCE PAY, COMBAT ZONE (ENHANCED ) |  |   |   |
| <b>29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)</b><br>NONE                              |  |   | <b>30. MEMBER REQUESTS COPY 4 (Initials)</b><br>JRA |