

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 type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input checked="" type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)	\$750	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<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"/>	<input type="text"/>

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

STEP 4 SIGNATURES

_____ THERESA KYLE, CHAIRMAN PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ ELLA BROWN PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ ABOUL B KHAN PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ DATE
_____ PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	_____ 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; or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

INSTRUCTIONS

STEP 1 PROPERTY OWNER'S INFORMATION

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.

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

Check the Tax Credit(s) / Exemption(s) / Tax Deferral box(es) which apply to the property listed in Step 1.
Check the box(es) Granted or Denied which apply.
Place the amount of the Tax Credit / Exemption / Tax Deferral which was granted or denied.
Place the date the Tax Credit / Exemption / Tax Deferral was granted or denied.
For those exemptions having income or asset limitations, the municipal assessing officials may request true copies of any documents needed to verify eligibility.
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.

STEP 3 COMMENTS / NOTES

Optional space to place any notes or comments which the applicant should be made aware of.

STEP 4 SIGNATURES

Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.

RECEIVED

JUN - 3 2020

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER AND APPLICANT NAME AND ADDRESS

OWNER: Cana S. Watson Revoc. TRUST.

APPLICANT'S LAST NAME: Watson APPLICANT'S FIRST NAME: Cana MI: S. PHONE NUMBER:

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

MAILING ADDRESS: 18 Zealand PK

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

PROPERTY ADDRESS: 18 Zealand PK TAX MAP: 5 BLOCK: 5 LOT: 18

IS THIS YOUR PRIMARY RESIDENCE? YES NO

If required, file with Assessor's Office
 YES NO

PROPERTY OWNER NAME

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 72:28) 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: Cana Jo S. Watson Dates of Military Service Enter (MMDDYYYY):

4. Date of Entry: 6/28/83 5. Date of Discharge/Release: 10/1/84

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 an 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

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 72:66)
 Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)
 Electric Energy Storage Systems Exemption (RSA 72:85)

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.

Cana S. Watson SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 6/3/2020

SIGNATURE (IN INK) OF PROPERTY OWNER DATE:

TAX MAP | BLOCK | LOT

moved from Somersworth

VC 2020

ALL VET

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: CARLA JO WATSON
Address of Applicant's Principal Place of Abode: 18 ZEALAN PK
Map and Lot Number of Applicant's Principal Place of Abode: 5-5-18
Date of Original Application to Municipality: 6-3-20

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) 06-28-83 - 10-1-84

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: [Signature] Application Approved by: [Signature] 7/7/2020

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)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: _____

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

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) **WATSON, CARLA JO** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY RA** 3. SOCIAL SECURITY NO. **000 000 000**

4a. GRADE, RATE OR RANK **PFC** 4b. PAY GRADE **A3** 5. DATE OF BIRTH **631223** 6. PLACE OF ENTRY INTO ACTIVE DUTY **Manchester, NH**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **368th Transportation Company FORSCOM FC** 8. STATION WHERE SEPARATED **Fort Austin, VA**

9. COMMAND TO WHICH TRANSFERRED **USAR Control Group (ANNUAL TRAINING) RCPAC St. Louis, MO 63132** 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) **64C10, Motor Transport Operator, 01 year 6 00 months//NOTHING FOLLOWS**

12. RECORD OF SERVICE			
	YRS (s)	MON (s)	DAYS (s)
a. Date Entered AD This Period	84	10	01
b. Separation Date This Period	01	03	04
c. Not Active Service This Period	00	00	00
d. Total Prior Active Service	00	02	22
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	00	00	00
g. Sea Service	84	06	28
h. Effective Date of Pay Grade	89	05	27
i. Reserve Oblig. Term. Date			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (Include periods of service) **ARMY SERVICE RIBBON//Purple Heart (KIA to KIA)//NOTHING FOLLOWS**

14. MILITARY EDUCATION (Course title, number weeks, and month and year completed) **Motor Transport Operator Course, 7 weeks (1983)//NOTHING FOLLOWS**

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 **33**

18. REMARKS **Dental care was not provided within 90 days prior to separation. NOTHING FOLLOWS**

19. MAILING ADDRESS AFTER SEPARATION **Newport, VT 05855** 20. MEMBER REQUESTS COPY 6 BE SENT TO AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED **[Signature]** 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **CAROL C. CUNDIFF, DAC, CHIEF, SEP TRF ACT**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. REASON FOR ACTIVE DUTY RA 695-200, Chapter 8	24. CHARACTER OF SERVICE (Includes upgrades)
25. SEPARATION CODE RA 695-200, Chapter 8	26. SEPARATION CODE
27. REENTRY CODE	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION Frequency	
29. DAYS OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 6 INITIALS

6/17/2020

RECEIVED

JUN 17 2020

Town of Seabrook
Assessor's Office

To Whom It May Concern,

I am now a seabrook
resident as of march 2020

I paid my taxes in June
and discovered that there
was a rebate.

I was unaware and
and hope that you will
Consider my 21 years
of Service makes me
eligible.

Carla Wats
802-673-2705

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V (to be submitted with Form PA-29 or Form PA-30)

RECEIVED

JUN -3 2020

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

Town of Seabrook Assessor's Office

TYPE OR PRINT

OWNER: Carla S. Watson Revoc Trust
APPLICANT'S LAST NAME: Watson APPLICANT'S FIRST NAME: Carla MI:
MAILING ADDRESS: 18 Zealand PK
CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 18 Zealand PK

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- [X] Grantor/Revocable Trust
[] Equitable Title holder or
[] Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
(b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
(c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above): Carla S. Watson Revocable Trust

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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)

Carla S. Watson
PRINT NAME

6/3/2020
DATE

X
SIGNATURE (IN INK)

PRINT NAME

DATE

TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. WHO MUST FILE: To be completed by property owners to establish their status as grantor of the property to a revocable trust... WHEN TO FILE: This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption...

TRUST AGREEMENT
ESTABLISHING
CARLA S. WATSON REVOCABLE TRUST
CARLA S. WATSON, GRANTOR

THIS AGREEMENT, made this 25 day of September, 2014, by and between Carla S. Watson, of Somersworth, County of Strafford, State of New Hampshire, as Grantor (hereinafter sometimes referred to as the "Grantor"), and Carla S. Watson, of Somersworth, County of Strafford; State of New Hampshire, as Trustee (hereinafter sometimes referred to as the "Trustee"):

WITNESSETH:

WHEREAS, it is the intention of the Grantor to create a trust for the primary benefit of the Grantor, and the Grantor's descendants, which trust shall be known as THE "CARLA S. WATSON REVOCABLE TRUST" (hereinafter sometimes referred to as the "trust"); and for that purpose the Grantor hereby makes a settlement of the property described and listed in Schedule A, attached hereto and incorporated herein by this reference.

NOW, THEREFORE, in consideration of the premises, the Grantor upon affixing the Grantor's signature hereto does hereby declare and establish this trust, to be held by the Trustee in trust for the purposes and subject to all of the terms, conditions and provisions hereof, and the Trustee upon executing this Agreement does hereby agree to hold and administer the trust estate of the trust, and to dispose of the principal thereof and the income therefrom as set forth in this Agreement.

Article I
Rights of the Grantor

1.1 Right to Revoke, Alter and Amend. During the lifetime of the Grantor, the trust shall be revocable by the Grantor, and the Grantor shall have the right at any time and from time to time by an instrument in writing signed by the Grantor and delivered to the Trustee to:

- (a) modify, alter and amend this Agreement;
- (b) revoke this Agreement and terminate the trust created pursuant to the provisions hereof, in whole or in part, and immediately upon such revocation and termination, the Trustee shall redeliver to the Grantor the entire trust estate or the portion thereof to which such revocation relates;

CSW