

**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 Avard		FIRST NAME Michael		INITIAL J	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS 168 Walton Road Unit 47					
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 155 Staples St					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 14		BLOCK # 6		LOT # 38	
	VETERANS' TAX CREDIT					
	Granted/Denied Date					
	<input checked="" type="checkbox"/>	ALL Veterans' Tax Credit \$50 minimum (to \$500 750)	Amount \$	750	<input checked="" 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Other Information _____			<input type="checkbox"/>	<input type="checkbox"/>
	VETERANS' EXEMPTION					
	Granted Denied Date					
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	
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						
				Granted	Denied	
<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						
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$		Granted	Denied	
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	
	Theresa Kyle, Chairman					
	Ella Brown					
	Aboul B. Khan					
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

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

RECEIVED

DEC 31 2020

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER
Michael J. Avar

APPLICANT'S LAST NAME Avar APPLICANT'S FIRST NAME Michael MI J. PHONE NUMBER Seabrook Assessor's Office

APPLICANT'S LAST NAME Avar APPLICANT'S FIRST NAME Michael MI J. PHONE NUMBER Seabrook Assessor's Office

MAILING ADDRESS
168 Walton Rd Unit 47

CITY/TOWN Seabrook STATE NH ZIP CODE 03874

PROPERTY ADDRESS 155 Staples St. TAX MAP 14 BLOCK 6 LOT 38

IS THIS YOUR PRIMARY RESIDENCE? ☒ YES ☐ NO

PROPERTY OWNER NAME

STEP 2
VETERANS'
TAX CREDITS
AND
EXEMPTION

VETERAN'S INFORMATION

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 Michael J. Avar Dates of Military Service Enter (MMDDYYYY)

4. Date of Entry 3-17-77 5. Date of Discharge/Release 3-16-81

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

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

9. Does any other eligible Veteran own interest in this property? YES ☐ NO ☒ If YES, provide name Seabrook Assessor's Office

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

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 3-17-77 10b. Spouse's Date of Birth 3-16-81

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? Seabrook Assessor's Office

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

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

TAX MAP | BLOCK | LOT

all
12/31/20
2021

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: Michael J. Avar

Address of Applicant's Principal Place of Abode 155 Staples St.

Map and Lot Number of Applicant's Principal Place of Abode: 14-6-38

Date of Original Application to Municipality: 12-31-20

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) 3-17-1977 - 3-16-1981

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 Camely Application Approved by: At 1/14/2021

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: _____

DD FORM 214
1 JUL 79PREVIOUS EDITIONS OF THIS
FORM ARE OBSOLETE.CERTIFICATE OF RELEASE OR DISCHARGE
FROM ACTIVE DUTY

1. NAME (Last, first, middle) AVARD, MICHAEL JOSEPH		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 000 00 000	
4a. GRADE, RATE OR RANK SP4	4b. PAY GRADE E-4	5. DATE L 56071.	6. PLACE OF ENTRY INTO ACTIVE DUTY Manchester, NH		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND FORSCOM FC Co B 229th Atk Hel Bn 101st Abn Div (AASLT)			8. STATION WHERE SEPARATED Fort Campbell, KY		
9. COMMAND TO WHICH TRANSFERRED USAR Control Group(Reinforcement)RCPAC, St Louis, MO 63132			10. SGU COVERAGE AMOUNT \$ 20 , 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) 67V10 Observation/Scout Helicopter Repairer 3 years and 7 months			12. RECORD OF SERVICE		
			a. Date Entered AD This Period 77 03 17		
			b. Separation Date This Period 81 03 16		
			c. Net Active Service This Period 04 00 00		
			d. Total Prior Active Service 00 00 00		
			e. Total Prior Inactive Service 00 03 14		
			f. Foreign Service 00 00 00		
			g. Sea Service 00 00 00		
			h. Effective Date of Pay Grade 79 02 01		
i. Reserve Oblig. Term. Date 82 12 02					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Expert Badge M16 Rifle/Aircraft Crewman Badge/Marksman Badge .38 Caliber Pistol/ Good Conduct Medal					
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) Observation/Scout Helicopter Repairer 8 weeks (July 1977)					
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID 45 1/2
18. REMARKS NA					
19. MAILING ADDRESS AFTER SEPARATION 684 S Rt 5 Gulfport, MS 39501			20. MEMBER REQUESTS COPY 4 BE SENT TO MS DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED Michael J. Avard			22. SUPERVISOR NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL WILKINSON J. EVANS JR., 1LT AGC, Asst AG		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Release from active duty		24. CHARACTER OF SERVICE (Includes upgrades) Honorable	
25. SEPARATION AUTHORITY Chapter 2, AR 635-200	26. SEPARATION CODE LBK	27. REENLISTMENT CODE RE-1B	
28. NARRATIVE REASON FOR SEPARATION Completion of required service (ETS)			
29. DATES OF TIME LOST DURING THIS PERIOD None		30. MEMBER REQUESTS COPY 4 MSA INITIALS	



New Hampshire DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION



07/12/2023 NHL16576881

AVARD

MICHAEL J

CASTLEVIEW DR #3
NASHUA, NH 03060

SEX: M DOB: 07/12/1956
HEIGHT: 5'09" WEIGHT: 205 lb EYES: BRO HAIR: BRO

CLASS: D EXPIRATION: 07/12/1956

RESTRICTIONS: NONE
ENDORSEMENTS: NONE

Michael J. Avar



01084338