

**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 Callahan		FIRST NAME Mark		INITIAL W	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS 16 True Lane					
	CITY/TOWN Seabrook		STATE NH		ZIP CODE 03874	
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 16 True Lane					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 2		BLOCK # 35		LOT #	
	VETERANS' TAX CREDIT					
	<u>Granted/Denied</u> <u>Date</u>					
	<input checked="" type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500)		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"/> 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"/> (b) Surviving Spouse/CU Partner		<input type="checkbox"/>
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 \$		<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 COMMENTS/ NOTES	Municipal Comments/Notes					
STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date	
	Theresa Kyle, Chaiman					
	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

RECEIVED
JAN 20 2021
Assessor's Office

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

Mark W. Callahan

APPLICANT'S LAST NAME

Callahan

APPLICANT'S FIRST NAME

Mark

MI

W.

If required, is a PA-33 on file?

☐ YES ☒ NO

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MAILING ADDRESS

16 The Lane

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

16 The Lane

TAX MAP

2

BLOCK

35

LOT

IS THIS YOUR PRIMARY RESIDENCE? ☒ YES ☐ NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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

Mark W. Callahan

Dates of Military Service
Enter (MMDDYYYY)

4. Date of Entry

2-7-2003

5. Date of Discharge/Release

4-9-2004

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 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

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

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)

- ☐ 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
OWNERSHIP14. 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

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

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: mark w. Callahan.

Address of Applicant's Principal Place of Abode 16 TNE lane.

Map and Lot Number of Applicant's Principal Place of Abode: 2-35

Date of Original Application to Municipality: 1-20-21

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) 2-7-2003 - 4-7-2004

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: *Grand Council* Application Approved by: *Det 1/21/2021*

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: _____

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) CALLAHAN, MARK WILLIAM		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NO. 0000 00 00	
4.a GRADE, RATE, OR RANK SEC	4.b PAY GRADE E7	5. DATE OF BIRTH (YYYYMMDD) 19570726		6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00	
7.a PLACE OF ENTRY INTO ACTIVE DUTY LONDON DERRY, NH		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 14 OAK STREET SALEM, MA 01970-2220			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND HSC 368 EN BN (H) FC		8.b STATION WHERE SEPARATED FORT DRUM, NY 13602-5000			
9. COMMAND TO WHICH TRANSFERRED HSC 368 EN BN (H) (WS5FT0) AFRC 64 HARVEY RD LONDON DERRY NH 03053		10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00			
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.) 74D40 00 CHEMICAL OPERATIONS SP--1 YRS-2 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date entered AD This Period 2003 02 07			
		b. Separation Date This Period 2004 04 09			
		c. Net Active Service This Period 0001 02 03			
		d. Total Prior Active Service 0000 03 11			
		e. Total Prior Inactive Service 0000 00 00			
		f. Foreign Service 0000 10 24			
		g. Sea Service 0000 00 00			
		h. Effective Date of Pay Grade 2003 12 07			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) BRONZE STAR MEDAL//ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL//ARMY RESERVE COMPONENTS ACHIEVEMENT MEDAL (4TH AWARD)//NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD)//NONCOMMISSIONED OFFICER'S PROFESSIONAL DEVELOPMENT RIBBON WITH NUMERAL 2//ARMY SERVICE RIBBON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title; number of weeks and month and year completed) NONE//NOTHING FOLLOWS					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes No X	
16. DAYS ACCRUED LEAVE PAID 5					
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes <input checked="" type="checkbox"/> No					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM IAW 10 USC 12301-D//SERVICE IN KUWAIT/IRAQ: 20030413-20040306 IMMINENT DANGER PAY AREA//NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 14 OAK STREET SALEM, MA 01970-2220		19.b NEAREST RELATIVE (Name and address - include Zip Code) CHERYL CALLAHAN 14 OAK STREET SALEM, MA 01970-2220			
20. MEMBER REQUESTS COPY 6 BE SENT TO MA DIR OF VET. AFFAIRS		X	Yes	No	
21. SIGNATURE OF MEMBER BEING SEPARATED 		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) GARIBALDI T. CORTES, WO1, USA, CHIEF, TRANS C			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		27. REENTRY CODE NA	
26. SEPARATION CODE LBK			
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials	