

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

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

Property for which Exemption/Tax
Credit/Deferral is claimed:

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL		
	Destasio Jr		Joseph		R		
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL		
	Destasio		Charlene				
	MAILING ADDRESS						
	1 Adder Lane						
	CITY/TOWN		STATE		ZIP CODE		
	Seabrook		NH		03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED						
	1 Adder Lane						
STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	CITY/TOWN TAX MAP # 3		BLOCK # 4		LOT # 111		
	VETERANS' TAX CREDIT						
	Granted/Denied Date						
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)		Amount \$	750	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000		Amount \$		<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"/>	Review Discharge Papers (ei: Form DD214), Form #				<input type="checkbox"/>	
	<input type="checkbox"/>	Other Information				<input type="checkbox"/>	
	VETERANS' EXEMPTION						
	Granted Denied Date						
	<input type="checkbox"/>	Total Exemption		<input type="checkbox"/>	(a) Veteran		
	<input type="checkbox"/>			<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 Date							
<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							
Granted Denied							
<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		
	Theresa Kyle, Chairman						
	Ella Brown						
	Aboul B. Khan						
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 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 - 4 2019

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

Joseph R. Destasio Jr. + Charlene Destasio

If required, is a PA-33 on file?

☐ YES ☐ NO

APPLICANT'S LAST NAME

Destasio Jr.

APPLICANT'S FIRST NAME

Joseph

MI

R.

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MAILING ADDRESS

1 Adder Lane

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

1 Adder Lane

TAX MAP

3

BLOCK

4

LOT

111

IS THIS YOUR PRIMARY RESIDENCE? ☐ YES ☐ NO

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

Joseph R. Destasio Jr.

Dates of Military Service
Enter (MMDDYYYY)

4. Date of Entry

3-25-63

5. Date of Discharge/Release

3-7-66

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

6. Name of Allied Country Served in

Vietnam

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

STANDARD EXEMPTIONS

STEP 3
EXEMPTIONS10. ☐ 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
RESIDENCY13. ☒ 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

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

VETERANS' CREDIT QUALIFICATIONS WORKSHEET
In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

Name of Municipality: _____
Name of Applicant: Joseph R. Destasio Jr.
Address of Applicant's Principal Place of Abode: 1 Adder Lane
Map and Lot Number of Applicant's Principal Place of Abode: 3-4-111
Date of Original Application to Municipality: 12-4-2020

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) 3-25-63 - 3-7-66 Name of Conflict: Vietnam

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 Camela Application Approved by: AK 1/11/2021

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: _____

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

3-4-11

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME DESTASIO JOSEPH RAPHAEL JR				2. SERVICE NUMBER RA 11 423 423		3 a. GRADE, RATE OR RANK SP4 E-4 (T)		b. DATE OF BIRTH (Day, Month, Year) 15 NOV 43			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA MPC				5. PLACE OF BIRTH (City and State or Country) CAMBRIDGE MASS				6. DATE OF BIRTH 15 NOV 43			
	7 a. RACE NA		b. SEX MALE		c. COLOR HAIR BROWN		d. COLOR EYES BLUE		e. HEIGHT 5'10"		f. WEIGHT 185	
TRANSFER OR DISCHARGE DATA	10 a. HIGHEST CIVILIAN EDUCATION LEVEL 4 YRS HS				b. MAJOR COURSE OR FIELD DIPL				8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS SINGLE	
	11 a. TYPE OF TRANSFER OR DISCHARGE TRFD TO USAR (SEE 18)				b. STATION OR INSTALLATION AT WHICH EFFECTED FORT DIX NEW JERSEY				d. EFFECTIVE DATE 7 MAR 66		b. TYPE OF CERTIFICATE NONE	
	c. REASON AND AUTHORITY PARA 7 AR 635-205 SPN 411				12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 503D MP CO 3D ARMD DIV APO 09039 USAREUR				13 a. CHARACTER OF SERVICE HONORABLE			
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER 19 17 43 457				15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE LB # 17 CAMBRIDGE MASS				16. DATE INDUCTED NA			
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED TRF TO USAR GRC (REINF) USAAC ST LOUIS MO				18. TERMINAL DATE OF RESERVE OBLIGATION 24 MAR 69				19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) 3	
	20. PRIOR REGULAR ENLISTMENTS NONE				21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE PVT E-1				22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) BOSTON MASS			
SERVICE DATA	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 252 ELM STREET CAMBRIDGE (MIDDLESEX MASS)				24. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line (1) + line (2)) b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE USAREUR				YEARS 2 11 13		MONTHS 0 0 0	
	25 a. SPECIALTY NUMBER AND TITLE 95B20 MILITARY POLICE MAN				b. RELATED CIVILIAN OCCUPATION AND D. O. J. NUMBER 2-61 30 ARMED GUARD				YEARS 2 11 13		MONTHS 2 6 5	
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE				27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NA				28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED a. SCHOOL OR COURSE NA b. DATES (From-To) NA c. MAJOR COURSES NA			
VA DATA	30 a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. AMOUNT OF ALLOTMENT NA				c. MONTH ALLOTMENT DISCONTINUED NA			
	31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) NA				b. VA CLAIM NUMBER NA							
AUTHENTICATION	32. REMARKS SSAN 025 32 2872 LUMP SUM PAYMENT MADE FOR 23 DAYS ACCRUED LEAVE BLOOD GROUP 0 ITEM 3A PFC (P) E-3 APTD 25 NOV 63 DOR 25 NOV 63 SGLI DECLINED				33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) SEE ITEM #23				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Joseph A. Destasio Jr.</i>			
	35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER DAVID P SWEET 2D LT AGC ASST				b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>David P. Sweet</i>							

RECEIVED

DEC - 4 2019

Town of Seabrook
Assessor's Office