

**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		
	Dillon		Stephen				
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL		
	Dillon		Arline		L		
	MAILING ADDRESS						
	P.O. Box 865						
	CITY/TOWN		STATE		ZIP CODE		
	Seabrook		NH		03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED						
	81 Silver St						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 14		BLOCK # 6		LOT # 99		
	VETERANS' TAX CREDIT						
					Granted/Denied Date		
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$600 ⁷⁵⁰)		Amount \$	750	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000 ⁴⁰⁰⁰		Amount \$	4,000	<input checked="" 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"/>	Disabled Exemption		Amount \$				
<input type="checkbox"/>	Improvements to Assist the Deaf		Amount \$				
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities		Amount \$				
<input type="checkbox"/>	Blind Exemption		Amount \$				
<input type="checkbox"/>	Deaf Exemption		Amount \$				
<input type="checkbox"/>	Solar Energy Systems Exemption		Amount \$				
<input type="checkbox"/>	Woodheating Energy Systems Exemption		Amount \$				
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption		Amount \$				
Elderly & Disabled Tax Deferral						Granted Denied	
<input type="checkbox"/>	Elderly and Disabled Tax Deferral		Amount \$				
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

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: Stephen Dillon
Address of Applicant's Principal Place of Abode: 81 Silver St.
Map and Lot Number of Applicant's Principal Place of Abode: 14-6-99
Date of Original Application to Municipality: 11-30-20.

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) 7-22-66 - 5-20-1968

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 Camille Application Approved by: AT 11/11/2021

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: Gemma Camille Application Approved by: AT 11/11/2021

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: _____

RECEIVED

JAN 11 2021

FORM

PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

Stephen Dillon + Arline Dillon

APPLICANT'S LAST NAME

Dillon

APPLICANT'S FIRST NAME

Stephen

MI

If required, is a PA-33 on file?

Yes ☒ No ☐

PHONE NUMBER

APPLICANT'S LAST NAME

Dillon

APPLICANT'S FIRST NAME

Arline

MI

L.

PHONE NUMBER

MAILING ADDRESS

P.O. Box 865

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

81 Silver St

TAX MAP

14

BLOCK

6

LOT

99

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

Stephen Dillon

Dates of Military Service
Enter (MMDDYYYY)

4. Date of Entry

7-22-66

5. Date of Discharge/Release

5-20-68

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
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.

SIGNATURE (IN INK) OF PROPERTY OWNER

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

11/30/20

DATE

11/30/20

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME DILLON STEPHEN (JRM)		2. SERVICE NUMBER US 51 615 920		3. SOCIAL SECURITY NUMBER 000 000 000																	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY AUS INF		5a. GRADE, RATE OR RANK E4(T) (SEE 30)		6. DATE OF RANK 27 JUN 67																	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) BOSTON MASSACHUSETTS		9. DATE OF BIRTH 9 NOV 46																	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 19 125 46 321		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB #125 MILTON MASS		c. DATE DUCTED 22 JUL 66																	
	11a. TYPE OF TRANSFER OR DISCHARGE TRF TO USAR (SEE 16)		b. STATION OR INSTALLATION AT WHICH EFFECTED FT DIX NJ																			
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AR 635-200 SPN 411 EARLY SEP FR OS		d. EFFECTIVE DATE 20 MAY 68		e. TYPE OF CERTIFICATE ISSUED NONE																	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 191st ASLT HEL CO USARPAC APO 96539		13a. CHARACTER OF SERVICE HONORABLE		14. REENLISTMENT CODE RE-1																	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED TRF TO USAR CON GP (ANL TRG) USAAC ST LOUIS MO		15. REENLISTMENT CODE RE-1																			
	16. TERMINAL DATE OF RESERVE/UNTAS OBLIGATION 21 JUL 72		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER NA		b. TERM OF SERVICE (Years) NA																	
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) BOSTON MASS																	
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 135 SCHOOL ST MILTON (NORFOLK) MASS		22a. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES <table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>1</td> <td>9</td> <td>20</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>1</td> <td>9</td> <td>20</td> </tr> </tbody> </table>					YEARS	MONTHS	DAYS	(1) NET SERVICE THIS PERIOD	1	9	20	(2) OTHER SERVICE	0	0	0	(3) TOTAL (Line (1) plus Line (2))	1	9	20
		YEARS	MONTHS	DAYS																		
	(1) NET SERVICE THIS PERIOD	1	9	20																		
	(2) OTHER SERVICE	0	0	0																		
	(3) TOTAL (Line (1) plus Line (2))	1	9	20																		
23a. SPECIALTY NUMBER & TITLE 11 B 20 LT WPMS INFM		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		b. TOTAL ACTIVE SERVICE 1 9 20																		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED GCM1L VISM HDSM 1 OS BAR VISM AN W/50LC		c. FOREIGN AND/OR SEA SERVICE USARPAC 0 11 28																				
25. EDUCATION AND TRAINING COMPLETED 4 YRS HS (DIPL) AFT 21-114 CODE OF CONDUCT CER TRG																						
26. NON-PAY PERIODS TIME LOST (Preceding Two Years) NONE																						
VA AND EMP. SERVICE DATA	27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT \$ NA		c. MONTH ALLOTMENT DISCONTINUED NA																	
	28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE																			
REMARKS	30. REMARKS BLOOD GP 0 ITEM 5A DATE OF APT PFC(P) E-3 24 JAN 67 DOR 24 JAN 67																					
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SEE 21		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Stephen Dillon</i>																			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER EUGENE A LOCH 1LT AST ADJ		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Eugene A. Loch</i>																			

RECEIVED

JAN 11 2021

Town of Seabrook
Assessor's Office



June 13, 2019

Veteran's Name:
Dillon, Stephen

STEPHEN DILLON
395 ESSEX ST APT 308
BEVERLY MA 01915

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455,

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: 24 237 162

You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Army, Honorable, 22-Jul-1966 - 20-May-1968

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 100 PERCENT

The effective date of the last change to your current award was: 01-DEC-2018

~~Your current monthly award amount is: \$3,057.13~~

Are you considered to be totally and permanently disabled due to your service-connected disabilities: Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at <https://iris.custhelp.va.gov/>.

Sincerely yours,

Regional Office Director

RECEIVED

JAN 11 2021

Town of Seabrook
Assessor's Office

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