

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			
	Gadd		George		R			
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL			
	MAILING ADDRESS							
	16 Janvrin Dr							
	CITY/TOWN		STATE		ZIP CODE			
	Seabrook		NH		03874			
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED							
	16 Janvrin Dr							
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 10		BLOCK # 56		LOT # 16			
	VETERANS' TAX CREDIT							
	Granted/Denied Date							
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$600)		Amount \$	750	<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000		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"/>	(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"/>	Disabled Exemption		Amount \$		<input type="checkbox"/>			
<input type="checkbox"/>	Improvements to Assist the Deaf		Amount \$		<input type="checkbox"/>			
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities		Amount \$		<input type="checkbox"/>			
<input type="checkbox"/>	Blind Exemption		Amount \$		<input type="checkbox"/>			
<input type="checkbox"/>	Deaf Exemption		Amount \$		<input type="checkbox"/>			
<input type="checkbox"/>	Solar Energy Systems Exemption		Amount \$		<input type="checkbox"/>			
<input type="checkbox"/>	Woodheating Energy Systems Exemption		Amount \$		<input type="checkbox"/>			
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption		Amount \$		<input type="checkbox"/>			
Elderly & Disabled Tax Deferral								
Granted Denied								
<input type="checkbox"/>	Elderly and Disabled Tax Deferral		Amount \$		<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

RECEIVED

FORM

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PA-29

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

NOV 30 2020

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

George Gadd

If required, is a PA-33 on file?

☐ YES ☐ NO

APPLICANT'S LAST NAME

Gadd

APPLICANT'S FIRST NAME

George

MI

R.

PHONE NUMBER

501-312-2169

APPLICANT'S LAST NAME

Gadd

APPLICANT'S FIRST NAME

Katherine

MI

M.

PHONE NUMBER

MAILING ADDRESS

16 Janvin Dr.

CITY/TOWN

Seabrook

STATE

NH

ZIPCODE

03814

PROPERTY ADDRESS

16 Janvine Dr.

TAX MAP

10

BLOCK

56

LOT

16

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

George R. Gadd

Dates of Military Service
Enter (MMDDYYYY)

4. Date of Entry

4-6-76

5. Date of Discharge/Release

6-30-1992

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

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)☐ Electric Energy Storage Systems Exemption (RSA 72:85)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

Moved from New Zealand Rd
since Aug 2017 ✓

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

2021
11/30/20
DL

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: George R. Gadd
Address of Applicant's Principal Place of Abode: 16 Janvrin Drive
Map and Lot Number of Applicant's Principal Place of Abode: 10-56-16
Date of Original Application to Municipality: 11-30-2020

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) 4-6-76 - 6-30-1992

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: Carolina Camelin Application Approved by: AG 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: Carolina Camelin Application Approved by: AG 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: _____



Department of Veterans Affairs

2200 FT ROOTS DR BLDG 65
N LITTLE ROCK AR 72114

January 25, 2016

Veteran's Name:
Gadd, George, Ross

GEORGE ROSS GADD
1916 WAGON WHEEL DR
LITTLE ROCK AR 72211

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, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: 013 42 7262
You are the Veteran

Military Information:

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

Army, Honorable, 10-Jan-1968 - 19-Nov-1971

Army, Honorable, 06-Apr-1976 - 30-Jun-1992

(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-2014

Your current monthly award amount is: \$3,172.13

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>.

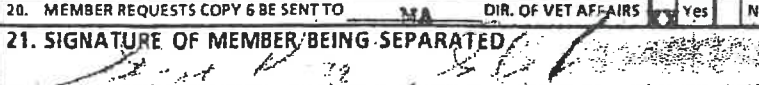

Need Additional Information or Verification?

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.va.gov>.


Sincerely yours,

Regional Office Director

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) 3ADP. GEORGE ROSS		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 013 42 7262		
4.a. GRADE, RATE OR RANK G	4.b. PAY GRADE E-6	5. DATE OF BIRTH (YYMMDD) 501106		6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 00		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY BOSTON, MA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) NEWBURYPORT, MA				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC, LEC, FORSCOM (FCI)		8.b. STATION WHERE SEPARATED FORT DEVENS, MA				
9. COMMAND TO WHICH TRANSFERRED USAR CONTROL GROUP (RETIRED) ARPERCEN, ST LOUIS MO 63132				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$100,000		
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.) 85E30V5, MILITARY POLICE, 16 YRS. 02 MOS// 82B30, CONSTRUCTION EQUIPMENT REPAIRER, 20 YRS. 00 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)
		a. Date Entered AD This Period		76	04	06
		b. Separation Date This Period		92	06	30
		c. Net Active Service This Period		18	02	25
		d. Total Prior Active Service		03	10	11
		e. Total Prior Inactive Service		03	02	22
		f. Foreign Service		06	04	00
		g. Sea Service		00	00	00
h. Effective Date of Pay Grade		78	12	01		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NATIONAL DEFENSE SERVICE MEDAL (1 BRONZE SERVICE STAR)//NONCOMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON (3)//ARMY GOOD CONDUCT MEDAL (6TH AWARD)//OVERSEAS SERVICE RIBBON (2)//ARMY COMMENDATION MEDAL (2ND OAK LEAF CLUSTER)//BASIC (SEE ITEM #18)						
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) PRIMARY TECHNICAL COURSE, 8 WEEKS 1977//PHYSICAL SECURITY COURSE, 3 WEEKS 1981//MILITARY POLICE INVESTIGATOR COURSE, 7 WEEKS 1981//ADVANCED NONCOMMISSIONED OFFICER COURSE, EET 1981 //ARMY RECRUITER COURSE, 5 WEEKS 1981//STATION COMMANDER COURSE, 3 WEEKS 1983//SEE ITEM #18)						
MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	16. DAYS ACCRUED LEAVE PAID NONE
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
18. REMARKS EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT//IMMEDIATE REENLISTMENT THIS PERIOD: 760406-810121, 810122-840709, 840710-881129, 881129-920630//SEE ITEM #13: RECRUITER BADGE (1 GOLD ACHIEVEMENT STAR)//DRIVER BADGE W/WHEEL VEHICLE DEVICE// EXPERT BADGE M-16 RIFLE//VIETNAM SERVICE MEDAL (4 BRONZE SERVICE STARS)//VIETNAM CAMPAIGN MEDAL W/60 DEVICE//OVERSEAS SERVICE BARS (2)//VIETNAM CROSS OF GALLANTRY W/PALM//EXPERT BADGE COUNTER TERRORIST COURSE, 1 WEEK 1988//PROTECTIVE SERVICES TRAINING BASIC COURSE, 1 WEEK 1986 //PROTECTIVE SERVICE TRAINING ADVANCED COURSE, 4 WEEKS 1987//ANTI-TERRORIST DRIVING COURSE, 1 WEEK 1987//NOTHING FOLLOWS						
19.a. MEMBER'S ADDRESS AFTER SEPARATION (Include Zip Code) 12 GLENWOOD AVE SALISBURY, MA 01862			19.b. NEAREST RELATIVE (Name and address, include Zip Code) JOAN C. GADD, 12 GLENWOOD AVE SALISBURY, MA 01862			
20. MEMBER REQUESTS COPY 6 BE SENT TO NA DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
21. SIGNATURE OF MEMBER BEING SEPARATED 			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)  McKINLEY J. CRUMP, SFC, USA, CHIEF, TP			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RETIREMENT		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY 635-200, CHAPTER 12		26. SEPARATION CODE RBD	27. REENTRY CODE RE-4R
28. NARRATIVE REASON FOR SEPARATION FOR LENGTH OF SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4  Initials	