

FORM

PA-35

**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 Kelly		FIRST NAME Allen	INITIAL D	
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL	
	MAILING ADDRESS 13 Greenleaf Dr				
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874	
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 13 Greenleaf Dr				
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 8		BLOCK # 39	LOT # 11	
	VETERANS' TAX CREDIT				
	Granted/Denied Date				
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500 ⁷⁵⁰)	Amount \$ 750	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000 ⁴⁰⁰⁰	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"/> (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					
				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"/>	<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		
	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

RECEIVED

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

JAN 11 2021

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

Allen Kelly + Virginia Kelly

If required, is a FSA-3 on file?

☐ YES ☐ NO

APPLICANT'S LAST NAME

Allen Kelly

APPLICANT'S FIRST NAME

Virginia

MI

L.

PHONE NUMBER

APPLICANT'S LAST NAME

Kelly

APPLICANT'S FIRST NAME

Allen

MI

D.

PHONE NUMBER

MAILING ADDRESS

13 Greenleaf Drive

CITY/TOWN

Seabrook

STATE

NH

ZIPCODE

03874

PROPERTY ADDRESS

13 Greenleaf Drive

TAX MAP

8

BLOCK

39

LOT

11

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

Allen D. Kelly

Dates of Military Service
Enter (MMDDYYYY)

4. Date of Entry

9-3-66

5. Date of Discharge/Release

9-5-1970

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

6. Name of Allied Country Served in

Vietnam

7. Branch of Service

Air Force

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
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

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

2021
reg
VC

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: Allen D. Kelly

Address of Applicant's Principal Place of Abode 13 Greenleaf Dr.

Map and Lot Number of Applicant's Principal Place of Abode: 8-39-11

Date of Original Application to Municipality: 7-20-2020

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) 9-3-66 - 9-5-1970

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: Samantha Camilleri Application Approved by: AS 11/11/2020

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: _____


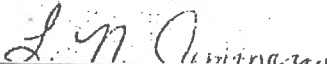
Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty (RSA 72:29-a) or, Certain Disabled Veterans (RSA 72:36-a)¹

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: _____

Enlisted (Sep 70 for a period of Four (4) years at Tan Son Nhut AB, Vietnam

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME KELLY ALLEN DONALD		2. SERVICE NUMBER AF11617284		3. SOCIAL SECURITY NUMBER 020 18 2540		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF		5a. GRADE, RATE OR RANK SGT	5b. PAY GRADE E4	6. DATE OF RANK 1 OCT 69	7. DATE OF BIRTH 17 OCT 47	
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) PEABODY, MA				
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA		8. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA		9. DATE INDUCTED NA		
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE		b. STATION OR INSTALLATION AT WHICH EFFECTED TAN SON NHUT AB, VIETNAM				
	12. REASON AND AUTHORITY CONVENIENCED OF THE GOVERNMENT		13. CHARACTER OF SERVICE U. S. ARMY		d. EFFECTIVE DATE 05 SEP 70		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA		15. REENLISTMENT CODE NA		e. TYPE OF CERTIFICATE ISSUED DD FORM 256AF		
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER ATCT: 7C 80 II		b. TERM OF SERVICE (Years) 8		
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB E-1		c. DATE OF ENTRY 5/12/63		
	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) BOSTON, MA		21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 130 1/2 HOLLEN ST DANVERS, ESSEX, MA		22. STATEMENT OF SERVICE		
	23a. SPECIALTY NUMBER & TITLE A27350 AC&W OPERATOR		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, AFM 900-3. SAEMR, SOG-391, 10Oct66, HOLMTC. VSM, AFM 900-3.		
	25. EDUCATION AND TRAINING COMPLETED AC&W OPERATOR ABR27330, 1966. ACFT CON-WARN OPR TECH CRSE ECI 27311, 1968. PRECISION PHOTO PROCESSING SPECI CRSE 23450 ECI, 1970.		26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		26b. DAYS ACCRUED LEAVE PAID NOT PAID SEE ITEM #30		
	27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT NA		27c. MONTH ALLOTMENT DISCONTINUED NA		
	28. VA CLAIM NUMBER C- NONE		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
REMARKS	30. REMARKS HIGH SCHOOL: GRADUATE. 21.5 days accrued leave carried forward. BLOOD GROUP: O POS. AGE: G-75 A-60 M-65 E-55. ODSD: 3 Sep 66. LNAC: 10 Oct 66, DOD NACC.						
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM #3			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER L.N. CAMMARANO, 1st Lt, USAF			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 			

Director of Motor Vehicles



2747038

02747038

12 RESTRICTIONS:

16 ENDORSEMENTS:

9 CLASS: OPERATOR

10 ISSUE DATE: 08/16/2016




NEW HAMPSHIRE

OPR

OPERATOR

12 ALLEN D KELLY

8 1278 TIMBER SWAMP RD

HAMPTON NH 038421208

1d 10KYA471774

3 DOB: 10/17/1947

4b Exp: 10/17/2021

16 Hgt: 71 in

17 Wt: 170

18 Eye: BRO

19 Hair: BRO

15 Sex: M