

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:

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>Lattime</b>		FIRST NAME <b>Richard</b>		INITIAL <b>B</b>	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS <b>436 New Zealand Rd</b>					
	CITY/TOWN <b>Seabrook</b>		STATE <b>NH</b>		ZIP CODE <b>03874</b>	
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED <b>436 New Zealand Rd</b>					
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>1</b>		BLOCK # <b>17</b>		LOT # <b>20</b>	
	<b>VETERANS' TAX CREDIT</b>					
			Granted/Denied		Date	
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500) <b>750</b>	Amount \$	<b>750</b>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$			
	<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"/>	Review Discharge Papers (ei: Form DD214), Form #				
	<input type="checkbox"/>	Other Information				
	<b>VETERANS' EXEMPTION</b>					
			Granted		Denied	Date
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	
<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>						
<b>Income Limits</b>		<b>Disabled Exemption</b>	<b>Elderly Exemption</b>	<b>Elderly Exemption Per Age Category</b>		
Single	\$	\$	\$	65 - 74 years of age	\$	
Married	\$	\$	\$	75 - 79 years of age	\$	
<b>Asset Limits</b>				80 + years of age	\$	
Single	\$	\$	\$			
Married	\$	\$	\$			
<b>OTHER EXEMPTIONS</b>						
				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 \$				
<b>Elderly &amp; Disabled Tax Deferral</b>						
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$		Granted	Denied	Date
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)						
<b>STEP 3 COM- MENTS/ NOTES</b>	Municipal Comments/Notes					
<b>STEP 4 SIGNA- TURES</b>	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date	
	<b>Theresa Kyle, Chairman</b>					
	<b>Ella Brown</b>					
	<b>Aboul B. Khan</b>					
<b>APPEAL PROCE- DURE</b>	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1st</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .					

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

RECEIVED

MAR - 5 2020

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

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION				
	OWNER <u>Richard Lattime</u>	If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO			
	APPLICANT'S LAST NAME <u>Lattime</u>	APPLICANT'S FIRST NAME <u>Richard</u>	MI <u>B.</u>	PHONE NUMBER <u></u>	
	APPLICANT'S LAST NAME <u></u>	APPLICANT'S FIRST NAME <u></u>	MI <u></u>	PHONE NUMBER <u></u>	
	MAILING ADDRESS <u>436 New Zealand Rd</u>				
	CITY/TOWN <u>Seabrook</u>	STATE <u>NH</u>	ZIP CODE <u>03874</u>		
	PROPERTY ADDRESS <u>436 New Zealand Rd.</u>	TAX MAP <u>1</u>	BLOCK <u>17</u>	LOT <u>20</u>	
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO				
	VETERAN'S INFORMATION				
		1. APPLICANT IS THE: <input checked="" type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse			
		2. APPLYING FOR: <input checked="" type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000) <input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") <input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500) <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)			
3. Veteran's Name <u>Richard B. Lattime</u>		4. Date of Entry <u>8-29-63</u>			
Dates of Military Service Enter (MMDDYYYY)		5. Date of Discharge/Release <u>8-16-67</u>			
IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)					
6. Name of Allied Country Served in <u></u>		7. Branch of Service <u>Air Force</u>			
9. Does any other eligible Veteran own interest in this property? YES <input type="radio"/> NO <input checked="" type="radio"/> If YES, provide name <u></u>					
8. Please Check One. <input checked="" type="radio"/> US Citizen at time of entry into Service <input type="radio"/> Alien but resident of NH at time of entry into Service					
STANDARD EXEMPTIONS					
		10. <input type="checkbox"/> 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 <u></u> 10b. Spouse's Date of Birth <u></u>			
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)				
	LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)				
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)		
	<input type="checkbox"/> Deaf Exemption (RSA 72:38-b)		<input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)		
	<input type="checkbox"/> Disabled Exemption (RSA 72:37-b)		<input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)		
	13. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit) <input type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed <input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)				
	14. Do you own 100% interest in this residence? <input type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <u></u>				
	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. <u>Richard Lattime</u> SIGNATURE (IN INK) OF PROPERTY OWNER DATE <u>3-5-2020</u> SIGNATURE (IN INK) OF PROPERTY OWNER DATE <u></u>				

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

# 508-633-3989

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: Richard B. Lattime

Address of Applicant's Principal Place of Abode: 463 New Zealand Rd.

Map and Lot Number of Applicant's Principal Place of Abode: 1-1720

Date of Original Application to Municipality: 3-5-2020

**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) 8-29-63 - 8-16-67

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](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](http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Dischg_Papers-Web_0804.doc)

Documentation Reviewed By: [Signature] Application Approved by: AT 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: [Signature]

**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)<sup>1</sup>**

**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: \_\_\_\_\_



PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME LATTIE RICHARD BURTON		2. SERVICE NUMBER AF111424825		3. SOCIAL SECURITY NUMBER 018 32 9700		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF		5a. GRADE, RATE OR RANK A1C	b. PAY GRADE E4	6. DATE OF RANK 1 FEB 67	7. U S CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	8. PLACE OF BIRTH (City and State or Country) ST JOHNS N B CANADA		9. DATE OF BIRTH 14 OCT 45		10. SELECTIVE SERVICE NUMBER NA		
SELECTIVE SERVICE DATA	11. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY		12. STATION OR INSTALLATION AT WHICH EFFECTED MCGUIRE AFB NEW JERSEY		13. DATE INDUCTED NA		
	14. REASON AND AUTHORITY COG PAR 3-8C SEC B CH 3 AFM 39-10 (SDN 411)		15. EFFECTIVE DATE 16 AUG 67		16. TYPE OF CERTIFICATE ISSUED NA		
	17. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 81 CSG USAF		18. CHARACTER OF SERVICE HONORABLE		19. REENLISTMENT CODE RE-12		
TRANSFER OR DISCHARGE DATA	20. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AFRES		21. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR 28 AUG 69		22. 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 AFQT 7B (52-III)		
	23. PRIOR REGULAR ENLISTMENTS NA		24. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB		25. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) BOSTON MASS		
	26. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 3 PARSONS ST NEWBURYPORT (ESSEX) MASS 01950		27. SPECIALTY NUMBER & TITLE MAT FAC SPECI PAFSC 64750		28. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER REC & SHIP FOREMAN 5-99.070		
SERVICE DATA	29. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM AFGCM(29 AUG 63-28 AUG 66) AFM 900-3 SAEMR SO 23 HQ 81 TFW 66		30. STATEMENT OF SERVICE		31. DATE OF ENTRY DAY MONTH YEAR 29 AUG 63		
	32. EDUCATION AND TRAINING COMPLETED ORG SUPPLY SPECI ABR 64630 63		33. CREDITABLE FOR BASIC PAY PURPOSES		34. TOTAL ACTIVE SERVICE		
	35. FOREIGN AND/OR SEA SERVICE		36. NET SERVICE THIS PERIOD		37. OTHER SERVICE		
VA AND EMP. SERVICE DATA	38. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		39. DAYS ACCRUED LEAVE PAID NOT PAID SEE ITEM 30		40. INSURANCE IN FORCE (NSLI or USGLD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	41. VA CLAIM NUMBER C- NA		42. AMOUNT OF ALLOTMENT \$ NA		43. MONTH ALLOTMENT DISCONTINUED NA		
	44. SERVICE MEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		45. REMARKS HIGH SCHOOL GRADUATED BLOOD GROUP O POS NAC COMPLETED 30 SEP 63 FILED 1 DIST OSI M 40 A 80 G 75 E 60 DTD AUG 63 ODSO 16 AUG 67 EXCESS LV 15 DAYS		46. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Richard Burton Lattie		
AUTHENTICATION	47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM # 21		48. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER L R LIEB 2D LT USAF		49. SIGNATURE OF OFFICER AUTHORIZED TO SIGN LR Lieb		