

**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		FIRST NAME		INITIAL			
	Owens		Patrick		M			
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL			
	Owens		Catherine		A			
	MAILING ADDRESS							
	43 Halls Way							
	CITY/TOWN		STATE		ZIP CODE			
	Seabrook		NH		03874			
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED							
	43 Halls Way							
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 13		BLOCK # 54		LOT # 20			
	VETERANS' TAX CREDIT							
	Granted/Denied Date							
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)		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

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

NOV 18 2019

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION
	<p>OWNER <u>Patrick M. + Catherine A. Owens</u></p> <p>If required, is a RA-33 on file? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>APPLICANT'S LAST NAME <u>Owens</u> APPLICANT'S FIRST NAME <u>Patrick</u> MI <u>M.</u> PHONE NUMBER <u></u></p> <p>APPLICANT'S LAST NAME <u>Owens</u> APPLICANT'S FIRST NAME <u>Catherine</u> MI <u>A.</u> PHONE NUMBER <u></u></p> <p>MAILING ADDRESS <u>43 Halls Way</u></p> <p>CITY/TOWN <u>Seabrook</u> STATE <u>NH</u> ZIP CODE <u>03874</u></p> <p>PROPERTY ADDRESS <u>43 Halls Way</u> TAX MAP <u>13</u> BLOCK <u>54</u> LOT <u>20</u></p> <p>IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO</p>
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	<p>VETERAN'S INFORMATION</p> <p>1. APPLICANT IS THE: <input checked="" type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse</p> <p>2. APPLYING FOR:</p> <p><input checked="" type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)</p> <p><input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)</p> <p><input checked="" type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)</p> <p><input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")</p> <p><input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500)</p> <p><input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)</p> <p>3. Veteran's Name <u>Patrick M. Owens</u> Dates of Military Service Enter (MMDDYYYY) <u>5-31-1989</u> 4. Date of Entry <u>5-31-1989</u> 5. Date of Discharge/Release <u>5-31-2019</u></p> <p>IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) <u></u></p> <p>6. Name of Allied Country Served in <u></u> 7. Branch of Service <u>Navy</u></p> <p>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></p> <p>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</p>
STEP 3 EXEMPTIONS	<p>STANDARD EXEMPTIONS</p> <p>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></p> <p>11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)</p> <p>LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)</p> <p>12. <input type="checkbox"/> Blind Exemption (RSA 72:37) <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)</p> <p><input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)</p> <p><input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)</p> <p>13. <input checked="" type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)</p> <p><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</p> <p><input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)</p>
STEP 4 RESIDENCY	
STEP 5 OWNERSHIP	14. Do you own 100% interest in this residence? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <u></u>
STEP 6 SIGNATURES	<p>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.</p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER <u>Patrick M. Owens</u> DATE <u>18 Nov 19</u></p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER <u>Catherine A. Owens</u> DATE <u>18 Nov 19</u></p>

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: SEABROOK
Name of Applicant: Patrick Owens
Address of Applicant's Principal Place of Abode: 413 Halls Way
Map and Lot Number of Applicant's Principal Place of Abode: 13/54/20
Date of Original Application to Municipality: 11/14/19

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) 19890531 - 20190531

Was veteran honorably discharged or separated from service? YES ☒ NO ☐

If applicable, list any qualifying medals earned: See DD 214

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 Camelin 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 Camelin 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: _____

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) OWENS, PATRICK MICHAEL		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NUMBER 014648236			
4a. GRADE, RATE OR RANK CAPT	b. PAY GRADE O6	5. DATE OF BIRTH (YYYYMMDD) 19670706	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) NA				
7a. PLACE OF ENTRY INTO ACTIVE DUTY AUBURN MA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 14 OLD MEETING HOUSE ROAD AUBURN MA 01501					
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND SPAWAR SPACE FIELD ACTIVITY			b. STATION WHERE SEPARATED PERSUPDET WASHINGTON DC				
9. COMMAND TO WHICH TRANSFERRED NA			10. SGLI COVERAGE AMOUNT: \$400,000				
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.) 1820 SPECIAL DUTY OFFICER BILLET - INFORMATION PROFESSIONAL OFFICER 8YRS 8MOS X X 2170 DESIGNATED PROJECT SUPPORT OFFICER 4YRS 9MOS X X X X X 3980 PERSONNEL PLANS AND POLICY CHIEF 2YRS 6MOS X X X "SEE REMARKS"		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)	
		a. DATE ENTERED AD THIS PERIOD		1989	05	31	
		b. SEPARATION DATE THIS PERIOD		2019	05	31	
		c. NET ACTIVE SERVICES THIS PERIOD		30	00	00	
		d. TOTAL PRIOR ACTIVE SERVICE		00	00	00	
		e. TOTAL PRIOR INACTIVE SERVICE		00	00	00	
		f. FOREIGN SERVICE		00	00	00	
		g. SEA SERVICE		04	08	06	
		h. INITIAL ENTRY TRAINING		00	00	00	
i. EFFECTIVE DATE OF PAY GRADE		2010	09	01			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) DEFENSE MERITORIOUS SERVICE MEDAL (2);JOINT MERITORIOUS UNIT AWARD (2);JOINT SERVICE ACHIEVEMENT MEDAL (1);MASTER OF SCIENCE MANAGEMENT (2);NAVY AND MARINE CORPS COMMENDATION MEDAL "SEE REMARKS"		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) PREFLIGHT, 6 WKS, NOV89; BASIC NFO, 17 WKS, APR90; INTRMDTE NFO, 25 WKS, SEP90; OVERWATER JET NAVIGATOR, 20 WKS, FEB91; AV ELECTRON WARFRE OFF-NONTECH, 6 WKS, APR91; SHIP ARCHITECTURE ISA RADAR, 1 WKS, AUG91; BASIC ISAR "SEE REMARKS"					
15a. COMMISSIONED THROUGH SERVICE ACADEMY				X	YES	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)				YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, year of commitment:)				YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 01.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					YES	NO
18. REMARKS SERIAL NUMBER: N2019053100588-0; TRANSACTION CODE: A; EFFECTIVE DATE OF RETIREMENT STATUS: 01 JUN 2019.; SERVICE MEMBER POST SEPARATION PHONE NUMBER: 703-298-2338; SERVICE MEMBER POST SEPARATION EMAIL ADDRESS: PMOWENS9703@GMAIL.COM; X X X X X X X BLK 11 CONT: 9515 COMMUNICATION PLANS AND OPERATIONS OFFICER 1YR 6MOS X X X "CONTINUED ON DD-214C" X X X X X X X X X X The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.							
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 43 HALLS WAY SEABROOK NH 03874		b. NEAREST RELATIVE (Name and address - include ZIP Code) MARSOCCI, KELLY 115 MONUMENT STREET HAVERHILL MA 01832					
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) NH		OFFICE OF VETERANS AFFAIRS		X	YES	NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES	NO	
21a. MEMBER SIGNATURE Signature Unattainable	b. DATE (YYYYMMDD) 20190530	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) MATTHEWS.MICHELLE.1181979514 GS7, Authorizing Official			b. DATE (YYYYMMDD) 20190530		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Retired	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY BUPERS ORDER DTG CNPC 211103Z NOV 18	26. SEPARATION CODE SBC	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION Maximum Service Or Time In Grade (Officer)		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL - NONE		30. MEMBER REQUESTS COPY 4 (Initials) PMO

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

(Specify the item number of the block continued for each entry.)

[illegible]

21a. MEMBER SIGNATURE Signature Unattainable	b. DATE (YYYYMMDD) 20190530	22a. OFFICIAL AUTHORIZED TO SIGN (<i>Typed name, grade, title, signature</i>) MATTHEWS.MICHELLE.1181979514 Digitally signed by MATTHEWS.MICHELLE.1181979514 Date: 2019.05.30 15:31:49 -04'00' GS7. Authorizing Official	b. DATE (YYYYMMDD) 20190530
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DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

RECEIVED

NOV -9 2020

Town of Seabrook
Assessor's Office

November 06, 2020

Patrick Michael Owens
43 Halls Way
Seabrook, NH 03874

In Reply Refer to:
xxx-xx-8236
27/eBenefits

Dear Mr. Owens:

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 state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx-8236

You are the Veteran. *

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Navy	Honorable	May 31, 1989	May 31, 2019

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:	Yes
Your combined service-connected evaluation is:	100%
Your current monthly award amount is:	\$3279.22
The effective date of the last change to your current award was:	April 01, 2020
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	Yes
The effective date of when you became totally and permanently disabled due to your service-connected disabilities:	June 01, 2019

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>.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://iris.custhelp.va.gov>.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cheryl J. Rawls".

Cheryl J Rawls
Assistant Deputy Under Secretary for Field Operations
Office of Outreach and Stakeholder Engagement