

**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			
	Ray		David		W			
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL			
	Ray		Mary		F			
	MAILING ADDRESS							
	192 Tilton St							
	CITY/TOWN		STATE		ZIP CODE			
	Seabrook		NH		03874			
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED							
	192 Tilton St							
STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL	CITY/TOWN TAX MAP # 20		BLOCK # 192		LOT #			
	VETERANS' TAX CREDIT							
					<u>Granted/Denied</u> <u>Date</u>			
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)		Amount \$	750	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000		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							
					<u>Granted</u> <u>Denied</u> <u>Date</u>			
	<input type="checkbox"/>	Total Exemption		<input type="checkbox"/>	(a) Veteran		<input type="checkbox"/>	
	<input type="checkbox"/>			<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								
						<u>Granted</u> <u>Denied</u> <u>Date</u>		
<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								
						<u>Granted</u> <u>Denied</u>		
<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 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 RATERECEIVED
JAN 15 2021
TOWN OF SEABROOK

STEP 1 OWNER AND APPLICANT INFORMATION	
OWNER AND APPLICANT NAME AND ADDRESS	OWNER MARRY & David Ray
	APPLICANT'S LAST NAME David Ray
	APPLICANT'S FIRST NAME DAVID
	MI W
	PHONE NUMBER 603-474-5880
MAILING ADDRESS	192 TILTON ST.
	CITY/TOWN SEABROOK
	STATE NH
	ZIP CODE 03874
	PROPERTY ADDRESS 192 TILTON ST.
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 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 David W Ray	
Dates of Military Service Enter (MMDDYYYY)	
4. Date of Entry 4-1-1966	
5. Date of Discharge/Release 10-24-1969	
IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)	
6. Name of Allied Country Served in	
7. Branch of Service Air Force	
9. Does any other eligible Veteran own interest in this property? YES NO <input checked="" type="radio"/> If YES, provide name	
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 10b. Spouse's Date of Birth	
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) <input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85)	
STEP 4 RESIDENCY	
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 checked="" 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)	
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?	
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 Mary F. Ray	
DATE 1-18-21	
SIGNATURE (IN INK) OF PROPERTY OWNER Mary F. Ray - POA for David W. Ray	
DATE 11-18-21	

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME RAY DAVID WILLIAM		2. SERVICE NUMBER AF11472320		3. SOCIAL SECURITY NUMBER 000-00-0000		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF		5a. GRADE, RATE OR RANK SGT	6. PAY GRADE E-4	7. DATE OF RANK 1 Jun 68	8. DATE OF BIRTH 14 Jan 47	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Providence, RI		9. DATE OF BIRTH 14 Jan 47		
SELECTIVE SERVICE DATA	10 a. SELECTIVE SERVICE NUMBER n/a		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE n/a			c. DATE INDUCTED n/a	
	11 a. TYPE OF TRANSFER OR DISCHARGE Release from Active Duty		b. STATION OR INSTALLATION AT WHICH EFFECTED Otis AFB, Mo 02542				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY (SDH 411) CGE, Par 3-8 Sec 8, Chap 3, AFM 39-10, 39-11, 35-22		d. EFFECTIVE DATE 24 Oct 69		e. TYPE OF CERTIFICATE ISSUED DD FM 256 AF		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1st Hbt Comm Gp AFCS APO San Francisco 96274		13 a. CHARACTER OF SERVICE HONORABLE		14. REENLISTMENT CODE n/a		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AF Res (ORS)		15. REENLISTMENT CODE n/a				
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR 31 Mar 72		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		b. TERM OF SERVICE (Years) 4		
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS None		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB E-1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Providence RI		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 219 Home Ave., Providence RI		22. STATEMENT OF SERVICE				
	23a. SPECIALTY NUMBER & TITLE 30454 Gnd Rad Comm Eqp Gp Rgn		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER n/a		23. YEARS MONTHS DAYS		
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED SAEMR, SOG 171, 11May65, Hq RTTC NDSH, AFM 900-3		25. EDUCATION AND TRAINING COMPLETED GND RAD COMM EGP RPHN, ABR 30434, compl 66, GND RAD COMM EGP RPHN (ECI), compl 67		26. MONTH ALLOTMENT DISCONTINUED n/a		
	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) No time lost		b. DAYS ACCRUED LEAVE PAID 16		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	28. VA CLAIM NUMBER C- n/a		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
	30. REMARKS HIGH SCHOOL GRADUATED BLOOD GROUP: O POS ODSD: 18Sep69 NAC, 27Apr66, 4th DIST OSI AGE SCORES: C-65, A-65, H-50, E-80		31. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED David W. Ray				
	32. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER JOHN H SCHARLING JR, 1st LT, USAF CHIEF CAREER CONTROL SECTION		33. SIGNATURE OF OFFICER AUTHORIZED TO SIGN John H Scharling Jr				
	34. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Providence, RI 02908		35. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED David W. Ray				

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: David W. Ray

Address of Applicant's Principal Place of Abode 192 Tilton St.

Map and Lot Number of Applicant's Principal Place of Abode: 20-192

Date of Original Application to Municipality: 1-18-2021

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) 4-1-1966 - 10-24-1969

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: Emma Camilleri Application Approved by: Act 1/29/2021

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: _____

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: _____

¹ Revised September, 2006
veteransworksheetWInst