

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 Gagnon Jr.	FIRST NAME Albert	INITIAL L	PROPERTY OWNER'S NAME			
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL				
	MAILING ADDRESS PO Box 2333						
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874				
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 6 Blueberry Lane						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 14		BLOCK # 6	LOT # 163	PROPERTY OWNER'S NAME TAX MAP/BLOCK/LOT		
	VETERANS' TAX CREDIT Granted/Denied Date						
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500 ⁷⁵⁰)	Amount \$ <u>750</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/>		<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"/>	
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # _____					
	<input type="checkbox"/>	Other Information _____					
	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"/>			
<input type="checkbox"/>	Disabled Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Blind Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____	<input type="checkbox"/>	<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	Date				
	Theresa Kyle, Chairman						
	Ella Brown						
	About 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 .						

Gagnon Biodeau Trust

STEP 1
OWNER AND APPLICANT NAME AND ADDRESS

OWNER AND APPLICANT INFORMATION

OWNER If required, is a PA-33 on file? YES NO

APPLICANT'S LAST NAME: GAGNON, ALBERT L. JR. APPLICANT'S FIRST NAME: ALBERT L. JR. MI: PHONE NUMBER:

APPLICANT'S LAST NAME: APPLICANT'S FIRST NAME: MI: PHONE NUMBER: 205-3629

MAILING ADDRESS: PO BOX 2333

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 6 BLUEBERRY LN TAX MAP: 14 BLOCK: 6 LOT: 163

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

STEP 2
VETERANS' TAX CREDITS AND EXEMPTION

VETERAN'S INFORMATION

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: Dates of Military Service: Enter (MMDDYYYY) 4. Date of Entry: 5-21-58 5. Date of Discharge/Release: 5-20-1964

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

6. Name of Allied Country Served in: Korea 7. Branch of Service: Amy

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

PROPERTY OWNER NAME

STEP 3
EXEMPTIONS

STANDARD EXEMPTIONS

10. 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)

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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
OWNERSHIP

14. 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: Albert L. Gagnon Jr. DATE: 02/24/2021

SIGNATURE (IN INK) OF PROPERTY OWNER: DATE:

TAX MAP | BLOCK | LOT

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: Albert L. Gagnon Jr.
Address of Applicant's Principal Place of Abode: 10 Blueberry Lane
Map and Lot Number of Applicant's Principal Place of Abode: 14-6-163
Date of Original Application to Municipality: 2-24-21

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) 5-21-58 - 5-20-1964

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: Gemma Camelin Application Approved by: AG 2/25/21

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: _____

RE-1A

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME GAGNON ALBERT LOUIS JR		2. SERVICE NUMBER RA 11 297 565		3a. GRADE, RATE OR RANK SGT E5 (P)		b. DATE OF RANK (Day, Month, Year) 10 May 60		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA UNASGD		5. PLACE OF BIRTH (City and State or Country) NEWBURYPORT MASSACHUSETTS			6. DATE OF BIRTH 28 Jul 38			
	7a. RACE CAU	b. SEX MALE	c. COLOR HAIR BROWN	d. COLOR EYES BROWN	e. HEIGHT 68	f. WEIGHT 143	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS MARRIED
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED 12 YEARS		b. MAJOR COURSE OR FIELD GENERAL							
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE			b. STATION OR INSTALLATION AT WHICH EFFECTED US ARMY PERSONNEL CENTER, OAKLAND, CALIFORNIA					
	c. REASON AND AUTHORITY AR 635-200 SPN 201 ETS (DISCH)			d. EFFECTIVE DATE 20 May 64	b. TYPE OF CERTIFICATE ISSUED DD FORM 256-A				
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HQ CO SIXTH USA SP TRPS PFC SIXTH US ARMY		13a. CHARACTER OF SERVICE HONORABLE			16. DATE INDUCTED NA			
	14. SELECTIVE SERVICE NUMBER NA	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE NA				17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED NA			
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION NA		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:			f. TERM OF SERVICE (Years) 6		g. DATE OF ENTRY 21 May 58	
	20. PRIOR REGULAR ENLISTMENTS ONE (1)		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE SP4 E4 (T)		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) FT MONROE VIRGINIA				
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 51 ELM ST SALISBURY (ESSEX) MASSACHUSETTS		24. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	25a. SPECIALTY NUMBER AND TITLE 768 60 GEN SUPL SPEC		b. RELATED CIVILIAN OCCUPATION AND B.O.T. NUMBER NA		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	6	0	0
						(2) OTHER SERVICE	2	7	8
						(3) TOTAL (Line (1) + line (2))	8	7	8
					b. TOTAL ACTIVE SERVICE	6	9	9	
					c. FOREIGN AND/OR SEA SERVICE	1	0	28	
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED MARKSMAN (PISTOL 45) SHARP SHOOTER (CARBINE) GOOD CONDUCT MEDAL								
	27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NONE								
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED						29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
SCHOOL OR COURSE		DATES (From-To)		MAJOR COURSES					
NONE		NA		NA		NONE			
VA DATA	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA			
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) NONE			b. VA CLAIM NUMBER NA		c. NA			
AUTHENTICATION	32. REMARKS BLOOD GROUP: 'A' SSAN: 001 26 3594 Lump sum payment made for 30 days accrued leave ITEM 33: 3344 FILLMORE STREET, APT 302, SAN FRANCISCO (SAN FRANCISCO) CALIFORNIA								
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) SEE # 32				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Albert Louis Gagnon Jr</i>				
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R. W. GARVIN, 2D LT, AGC, ASST ADJ				b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>RW Garvin</i> A-2				

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR
TAX DEFERRAL UNDER RSA 72:33, V
(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

TYPE OR PRINT

OWNER	Gagnon Bilodeau Trust		
APPLICANT'S LAST NAME	Gagnon	APPLICANT'S FIRST NAME	Albert MI
APPLICANT'S LAST NAME	Bilodeau	APPLICANT'S FIRST NAME	Joyce MI L.
MAILING ADDRESS	P.O. BOX 2333		
CITY/TOWN	Seabrook	STATE	NH ZIPCODE 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	6 Blueberry Lane		

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- Grantor/Revocable Trust
- Equitable Title holder or
- Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
- (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
- (c) A deed or other legal document showing the assigned ownership.

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FEB 25 2021

Town of Seabrook
Assessor's Office

Legal Name of Trust (if different than above): Gagnon Bilodeau Trust

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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.

X	<u>Joyce L. Bilodeau</u>	<u>Joyce L. Bilodeau</u>	<u>2-25-21</u>
	SIGNATURE (IN INK)	PRINT NAME	DATE
X	<u>Albert L. Gagnon Jr.</u>	<u>ALBERT L. GAGNON JR</u>	<u>2/25/2021</u>
	SIGNATURE (IN INK)	PRINT NAME	DATE

TELEPHONE NUMBER

WHO MUST FILE	To be completed by property owners to establish their status as grantor of the property to a revocable trust, or holding equitable title or the beneficial interest for life in the property. RSA 72:29, VI. For purposes of RSA 72:28, 28-b, 28-c, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
WHEN TO FILE	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered.