

**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		FIRST NAME		INITIAL	
	Peel		Gloria		D.	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS					
	130 Marshview Circle					
CITY/TOWN		STATE	ZIP CODE			
Seabrook		NH	03874			
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED						
130 Marshview Circle						
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # 15		BLOCK # 103	LOT # 56		
	<b>VETERANS' TAX CREDIT</b>					
	<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"/>	
	<b>VETERANS' EXEMPTION</b>					
	<u>Granted</u> <u>Denied</u> <u>Date</u>					
<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>						
<u>Granted</u> <u>Denied</u> <u>Date</u>						
<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"/>	
<b>Elderly &amp; Disabled Tax Deferral</b>						
<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 <b>following</b> the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)						
<b>STEP 3 COMMENTS/ NOTES</b>	Municipal Comments/Notes					
<b>STEP 4 SIGNATURES</b>	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date	
	Ella Brown, Chairman					
	Aboul B. Khan					
	Theresa Kyle					
<b>APPEAL PROCEDURE</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/BL/OCK/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

APR 15 2021

Town of Seabrook Assessor's Office

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER

Gloria D. Peel Revoc Trst of 2020

If required, is a Processor's Office  
 YES  NO

APPLICANT'S LAST NAME

Peel

APPLICANT'S FIRST NAME

Gloria

MI

D.

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MAILING ADDRESS

130 Marshnew Circle

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

130 Marshnew Circle

TAX MAP

15

BLOCK

103

LOT

516

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

Lars J. Peel

Dates of Military Service  
Enter (MMDDYYYY)

4. Date of Entry

5-9-63

5. Date of Discharge/Release

5-7-65

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

6. Name of Allied Country Served in

Vietnam.

7. Branch of Service

Army.

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  
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)

- Blind Exemption (RSA 72:37)
- Deaf Exemption (RSA 72:38-b)
- Disabled Exemption (RSA 72:37-b)
- Electric Energy Storage Systems Exemption (RSA 72:85)
- Solar Energy Systems Exemption (RSA 72:62)
- Wind-Powered Energy Systems Exemption (RSA 72:66)
- Woodheating Energy Systems Exemption (RSA 72:70)

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.

Gloria D Peel

SIGNATURE (IN INK) OF PROPERTY OWNER

4-1-21

DATE

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

reg  
55

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: Louis J. Peel (Gloria Peel)

Address of Applicant's Principal Place of Abode 130 Marshview Circle

Map and Lot Number of Applicant's Principal Place of Abode: 15-103-56

Date of Original Application to Municipality: 4-15-21

**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) 5-9-63 - 5-7-65

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: [Signature] 4/21/21

**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)<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: \_\_\_\_\_

<sup>1</sup> Revised September, 2006  
veteransworksheetWInst

RE-3A

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

15-103-86

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>PEEL, LOUIS JOHNSON</b>			2. SERVICE NUMBER <b>US 51 508 485</b>		3 a. GRADE, RATE OR RANK <b>SP4(T)E4 (See 32)</b>		b. DATE OF RANK (Day, Month, Year) <b>24 Feb 65</b>	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY AUS SIGC</b>			5. PLACE OF BIRTH (City and State or Country) <b>Newburyport, Massachusetts</b>			6. DATE OF BIRTH DAY: <b>12</b> MONTH: <b>Jan</b> YEAR: <b>40</b>		
	7 a. RACE <b>NA</b>		b. SEX <b>Male</b>	c. COLOR HAIR <b>Brown</b>	d. COLOR EYES <b>Brown</b>	e. HEIGHT <b>5'9"</b>	f. WEIGHT <b>179</b>	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9. MARITAL STATUS <b>Single</b>
	10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>9 Years</b>			b. MAJOR COURSE OR FIELD <b>General</b>					
TRANSFER OR DISCHARGE DATA	11 a. TYPE OF TRANSFER OR DISCHARGE <b>Transferred to USAR (See 18)</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Hood, Texas</b>					
	c. REASON AND AUTHORITY <b>AR 635-200 SPN 201 Expiration of Term of Service</b>						d. EFFECTIVE DATE DAY: <b>7</b> MONTH: <b>May</b> YEAR: <b>65</b>		
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Co A 54th Sig Bn (Corps) Fort Hood, Texas Fourth US Army</b>			13 a. CHARACTER OF SERVICE <b>HONORABLE</b>					b. TYPE OF CERTIFICATE ISSUED <b>None</b>
	14. SELECTIVE SERVICE NUMBER <b>19 59 40 4</b>		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>LB # 59 Newburyport, Massachusetts</b>						16. DATE INDUCTED DAY: <b>9</b> MONTH: <b>May</b> YEAR: <b>63</b>
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED <b>Transferred to USAR Control Group (Annual Training) XIII US Army Corps</b>								
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION DAY: <b>8</b> MONTH: <b>May</b> YEAR: <b>69</b>		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 type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER: <b>NA</b>			b. TERM OF SERVICE (Years) <b>NA</b>	c. DATE OF ENTRY DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>		
	20. PRIOR REGULAR ENLISTMENTS <b>None</b>		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>Pvt (P) E-1</b>		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Boston, Massachusetts</b>				
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>29 Monroe Street Newburyport (Essex) Massachusetts</b>			24. STATEMENT OF SERVICE			YEARS MONTHS DAYS		
	25 a. SPECIALTY NUMBER AND TITLE <b>724.10 Swbd Opr</b>		b. RELATED CIVILIAN OCCUPATION AND D.O. NUMBER <b>1-42.01 Swbd Opr</b>		c. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	0	11	29
					(2) OTHER SERVICE	0	0	0	
					(3) TOTAL (Line (1) + line (2))	1	11	29	
				b. TOTAL ACTIVE SERVICE	1	11	29		
				c. FOREIGN AND/OR SEA SERVICE	0	0	0		
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>Sharpshooter (Rifle M-14), Marksman (Rifle), Good Conduct Medal</b>									
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>None</b>									
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED			SCHOOL OR COURSE			DATES (From - To)		MAJOR COURSES	
			<b>SIGC Ft Gordon, Georgia</b>			<b>Jul 63 - Sep 63</b>		<b>Swbd Opr</b>	
								<b>None</b>	
VA DATA	30 a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. AMOUNT OF ALLOTMENT <b>NA</b>			c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		
	31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>None</b>						b. VA CLAIM NUMBER <b>NA</b>		
AUTHENTICATION	32. REMARKS <b>Blood Group: "O" SSAN: 010-32-9111 Par 9 AR 601-210 Applies Item 3a: PFC (P) E-3 Appt: 10 Jan 64 Item 33: 29 Monroe Street, Newburyport (Essex) Massachusetts 01950 Lump sum payment made for 36 days accrued leave.</b>								
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) <b>See 32</b>				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Louis J. Peel</i>				
	35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>R. G. MARIANO, 1st Lt, WAC, Act Asst AG</b>				b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R. Mariano</i>				

RECEIVED

APR 15 2021

Town of Seabrook Assessor's Office

FORM PA-33

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: Gloria D. Peel REVOC TRST OF 2020
APPLICANT'S LAST NAME: Peel, FIRST NAME: Gloria, MI: D.
MAILING ADDRESS: 130 Marshview Circle
CITY/TOWN: Seabrook, STATE: NH, ZIP CODE: 03874
PROPERTY ADDRESS: 130 Marshview Circle

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 (checked)
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.

Legal Name of Trust (if different than above): Gloria D. Peel REVOC TRST OF 2020

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.

Signature: [Handwritten Signature], Print Name: Gloria D Peel, Date: 4-15-21

Signature: [Blank], Print Name: [Blank], Date: [Blank]

TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. WHO MUST FILE: To be completed by property owners to establish their status as grantor of the property to a revocable trust... 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...