

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"

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>Hatt</b>		FIRST NAME <b>Charlotte</b>	INITIAL <b>L</b>					
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL					
	MAILING ADDRESS <b>41 Stacey Ave</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>41 Stacey Ave</b>								
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>8</b>		BLOCK # <b>13</b>	LOT # <b>41</b>					
	<b>VETERANS' TAX CREDIT</b> <span style="float: right;">Granted/Denied Date</span>								
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	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 _____							
	<b>VETERANS' EXEMPTION</b> <span style="float: right;">Granted Denied Date</span>								
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	<input type="checkbox"/>	
	<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> <span style="float: right;">Granted Denied Date</span>									
<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> <span style="float: right;">Granted Denied</span>									
<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			
	<b>Ella Brown, Chairman</b>								
	<b>Aboul B. Khan</b>								
	<b>Theresa Kyle</b>								
<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/BLOCK/LOT

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OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER

Hatt Family Revoc Trust

If required, is a SA-33 on file?  
Town of Seabrook Assessors Office  
 YES  NO

APPLICANT'S LAST NAME Hatt

APPLICANT'S FIRST NAME Charlotte

MI L.

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MAILING ADDRESS

41 Stacey Ave

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

41 Stacey Ave

TAX MAP

8

BLOCK

13

LOT

41

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

Arthur M. Hatt

Dates of Military Service  
Enter (MMDDYYYY)

4. Date of Entry

3-13-67

5. Date of Discharge/Release

11-1-68

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.

Signature (in ink) of Property Owner: Charlotte Hatt

DATE: 3/2/21

SIGNATURE (IN INK) OF PROPERTY OWNER

DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

reg vl

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: Arthur Hatt (Charlotte Hatt)

Address of Applicant's Principal Place of Abode: 41 Stacy Ave.

Map and Lot Number of Applicant's Principal Place of Abode: 8-13-41

Date of Original Application to Municipality: 4-2-21

**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) 3-13-67 - 11-1-68

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: *Anna Camille* Application Approved by: *OK 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

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>HATT ARTHUR MAYNARD</b>			2. SERVICE NUMBER <b>US 51 726 876</b>			3. SOCIAL SECURITY NUMBER <b>025 00 2001</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY AUS UNASGD</b>			5a. GRADE, RATE OR RANK <b>PVT (P)</b>		5. PAY GRADE <b>E-2</b>	6. DATE OF RANK <b>DAY 31 MONTH AUG YEAR 68</b>	6. DATE OF RANK <b>DAY 31 MONTH AUG YEAR 68</b>	6. DATE OF RANK <b>DAY 31 MONTH AUG YEAR 68</b>	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>BATH MAINE</b>			9. DATE OF BIRTH <b>DAY 30 MONTH AUG YEAR 46</b>	9. DATE OF BIRTH <b>DAY 30 MONTH AUG YEAR 46</b>	9. DATE OF BIRTH <b>DAY 30 MONTH AUG YEAR 46</b>	9. DATE OF BIRTH <b>DAY 30 MONTH AUG YEAR 46</b>	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>19 71 46 350</b>			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #71 DANVERS MASSACHUSETTS</b>			11. DATE INDUCTED <b>DAY 13 MONTH MAR YEAR 67</b>			
	11a. TYPE OF TRANSFER OR DISCHARGE <b>TRFD TO USAR SEE ITEM #16</b>			11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>US ARMY PERSONNEL CENTER OAKLAND CALIFORNIA</b>						
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY <b>SEC VII CH 5 AR 635-200 SPN 411 OSRET (RAD)</b>			13. CHARACTER OF SERVICE <b>HONORABLE</b>	14. TYPE OF CERTIFICATE ISSUED <b>NONE</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>720TH MP BN USARPAC</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>	14. TYPE OF CERTIFICATE ISSUED <b>NONE</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAR CONTROL GROUP /ANNUAL/ US ARMY ADMIN CENTER ST LOUIS MO</b>			15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	15. REENLISTMENT CODE <b>RE 1</b>	
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION <b>DAY 12 MONTH MAR YEAR 73</b>		17. 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 <b>DAY MONTH YEAR</b>			
	18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>PVT E1 (P)</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>BOSTON MASSACHUSETTS</b>					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>23 ADAMS ROAD HAMILTON MASSACHUSETTS</b>		22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS		
	23a. SPECIALTY NUMBER & TITLE <b>95B10 MIL POLICE</b>		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>375 POLICEMAN</b>			a. CREDIBLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	0	0	
			b. TOTAL ACTIVE SERVICE	1	7	19	c. FOREIGN AND/OR SEA SERVICE	1	28	
			c. FOREIGN AND/OR SEA SERVICE	1	1	28				
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NATIONAL DEFENSE SERVICE MEDAL SHARPSHOOTER BADGE RIFLE M-14</b>										
25. EDUCATION AND TRAINING COMPLETED <b>NONE</b>										
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NONE</b>			27. DAYS ACCRUED LEAVE PAID <b>39</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. VA CLAIM NUMBER <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE
30. REMARKS <b>ITEM #5A: PFC E3 (P) APTD: NA CIVILIAN EDUCATION: 9 YEARS BLOOD GROUP: 0</b>										
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>SEE ITEM #21</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Arthur M Hatt</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>E. T. FISCHER 1LT AGC ASST ADJ</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>E T Fischer</i> 1819				

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Town of Seabrook Assessor's Office

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: Hatt Family Revoc Trust
APPLICANT'S LAST NAME: Hatt, APPLICANT'S FIRST NAME: Charlotte
MAILING ADDRESS: 41 Stacey Ave
CITY/TOWN: Seabrook, STATE: NH, ZIPCODE: 03894
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 41 Stacey Ave.

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.

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Town of Seabrook Assessor's Office

Legal Name of Trust (if different than above):

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.

Signatures and dates: Charlotte Hatt (ink), Charlotte Hatt (handwritten), Charlotte Hatt (handwritten), DATE: 3/2/21, DATE: 3/2/21, TELEPHONE NUMBER: 978-648-8621

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...