

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 Smith		FIRST NAME Frankie		INITIAL Lee		
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL		
	MAILING ADDRESS 6 Kimberly Drive						
	CITY/TOWN Seabrook		STATE NH		ZIP CODE 03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 6 Kimberly Drive						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 12		BLOCK # 29		LOT # 30		
	VETERANS' TAX CREDIT Granted/Denied Date						
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)		Amount \$	750	<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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Other Information _____				<input type="checkbox"/>	<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"/>	
<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		
	Ella Brown, Chairman						
	Aboul B. Khan						
	Theresa Kyle						
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 .						

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

RECEIVED

MAR 7 / 2021

FORM PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

OWNER AND APPLICANT INFORMATION

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS

OWNER
Frankie Lee Smith
APPLICANT'S LAST NAME: Smith, APPLICANT'S FIRST NAME: Frankie, MI: L.
Mailing Address: 6 Kimberly Dr., City/Town: Seabrook, State: NH, ZIP Code: 03874
TAX MAP: 13, BLOCK: 29, LOT: 30
IS THIS YOUR PRIMARY RESIDENCE? YES

VETERAN'S INFORMATION

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

1. APPLICANT IS THE: [X] Veteran
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: Frankie Lee Smith, Dates of Military Service: Enter (MMDDYYYY)
4. Date of Entry: 2-8-38, 5. Date of Discharge/Release: 3-2-81
6. Name of Allied Country Served in: , 7. Branch of Service: Navy
8. Please Check One: [X] US Citizen at time of entry into Service
9. Does any other eligible Veteran own interest in this property? YES [] NO [X] If YES, provide name:

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)
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)

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
[X] 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 [X] 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: [Signature], DATE: 3-17-21

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

all 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: Francie Lee Smith
Address of Applicant's Principal Place of Abode: 6 Kimberly Dr.
Map and Lot Number of Applicant's Principal Place of Abode: 12-29-30
Date of Original Application to Municipality: 3-17-21

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) 2-8-78 - 3-2-81

Was veteran honorably discharged or separated from service? YES NO

If applicable, list any qualifying medals earned: none

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: *Samana Camule* Application Approved by: *AT 3/31/21*

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: _____

¹ Revised September, 2006
veteransworksheetsWInst

DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) SMITH, FRANKIE LEE 2. DEPARTMENT, COMPONENT AND BRANCH NAVY-BSNR 3. SOCIAL SECURITY NO.

4a. GRADE, RATE OR RANK MM3 4b. PAY GRADE E4 5. DATE OF BIRTH 01 AUG 60 6. PLACE OF ENTRY INTO ACTIVE DUTY MIAMI FL

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS BELLEAU WOOD LHA3 8. STATION WHERE SEPARATED USS BELLEAU WOOD LHA3 HP: SAN DIEGO

9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS, LA 70149 10. SGLI COVERAGE AMOUNT \$ 20,000 NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) MM3 - 0000/0000

Table with 4 columns: RECORD OF SERVICE, YEAR(s), MON (s), DAY (s). Rows include Date Entered AD This Period (78 FEB 08), Separation Date This Period (81 MAR 02), Net Active Service This Period (03 00 24), Total Prior Active Service (00 00 00), Total Prior Inactive Service (00 00 13), Foreign Service (00 00 00), Sea Service (02 05 01), Effective Date of Pay Grade (81 FEB 16), Reserve Oblg. Term. Date (84 MAR 02).

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

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14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) BMR, FN, MRPO 3&2 Town of Seabrook Assessor's Office

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID 00

18. REMARKS (Area containing multiple 'X' marks)

19. MAILING ADDRESS AFTER SEPARATION 3539 BONITA STREET GAUTIER MS 39553 20. MEMBER REQUESTS COPY 6 BE SENT TO MS DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED (Signature) 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN T A ARANAS PNC USN ASST PERSONNEL OFFICER

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASED FROM ACTIVE DUTY AND TRANSFERRED TO NAVAL RESERVE 24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE 25. SEPARATION AUTHORITY BUPERSMAN 3840260.1C 26. SEPARATION CODE LBK 27. REENLISTMENT CODE RE-1 28. NARRATIVE REASON FOR SEPARATION RELEASED FROM ACTIVE DUTY AND TRANSFERRED TO NAVAL RESERVE 29. DATES OF TIME LOST DURING THIS PERIOD TL: 02 JAN 79 TO 25 JAN 79 30. MEMBER REQUESTS COPY 4 XFLS INITIALS

1d-29-30