

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 Starr Jr.	FIRST NAME James	INITIAL R
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL
	MAILING ADDRESS 8 Timber Ct		
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 8 Timber Ct		

STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 9	BLOCK # 112	LOT #	
	VETERANS' TAX CREDIT			<u>Granted/Denied</u> <u>Date</u>
	<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 _____			
	VETERANS' EXEMPTION			<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	<input type="checkbox"/> <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"/>	
<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			<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
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STEP 4 SIGNA- TURES	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

OWNER AND APPLICANT INFORMATION

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS

OWNER: STARR, PATRICIA H., JAMES R JR + DOYLE ROBT

APPLICANT'S LAST NAME: STARR APPLICANT'S FIRST NAME: JAMES JR MI: 9 PHONE NUMBER: 380-3530

APPLICANT'S LAST NAME: STARR APPLICANT'S FIRST NAME: JAMES JR MI: 9 PHONE NUMBER: 380-3530

MAILING ADDRESS: 8 TIMBER CT

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

PROPERTY ADDRESS: same TAX MAP: 9 BLOCK: 113 LOT: 0

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: James R Starr Jr Dates of Military Service Enter (MMDDYYYY): 2-5-92 4. Date of Entry: 2-5-92 5. Date of Discharge/Release: 6-17-92

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

6. Name of Allied Country Served in: 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)

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)

RESIDENCY

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)

14. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own?

SIGNATURES

STEP 5 OWNERSHIP

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: James R Starr Jr DATE: 4/4/21

SIGNATURE (IN INK) OF PROPERTY OWNER: DATE:

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: James R Starr Jr.
Address of Applicant's Principal Place of Abode: 8 Timber CT
Map and Lot Number of Applicant's Principal Place of Abode: 9-112-6
Date of Original Application to Municipality: 4/6/21

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) 2/5/92 - 6/17/92

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: AS Application Approved by: AS 4/15/21

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

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) STARR JAMES RICHARD JR		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / USAR		3. SOCIAL SECURITY NO. 013 66 4133	
4.a. GRADE, RATE OR RANK PV1	4.b. PAY GRADE B-1	5. DATE OF BIRTH (YYMMDD) 761217	6. RESERVE OBLIG. TERM. DATE Year 99 Month 09 Day 25		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY MALDEN MA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 152 OLIVE AVE EXT MALDEN MA 02148			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO A 87TH INGN BN 1ST INGN BDE(C) USASCTH		8.b. STATION WHERE SEPARATED FORT LEONARD WOOD, MO			
9. COMMAND TO WHICH TRANSFERRED CO A 1ST INF DIV 368TH ABN IN MANCHESTER NH 03103			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 10000		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 62015 CONSTRUCTION EQUIPMENT REPAIRER OOTHS OCMOR//NOTHING FOLLOWS		12. RECORD OF SERVICE			
		Year(s)	Month(s)	Day(s)	
		92	02	05	
		92	06	17	
		00	04	13	
		00	00	00	
		00	04	09	
		00	00	00	
		00	00	00	
		91	09	26	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NATIONAL DEFENSE SERVICE MEDAL//MARKSMAN QUALIFICATION BADGE RIFLE M16//MARKSMAN QUALIFICATION BADGE M16//MARKSMAN QUALIFICATION BADGE M16//MARKSMAN QUALIFICATION BADGE M16//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) CONSTRUCTION EQUIPMENT REPAIRER FROM JUNE 92//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			<input checked="" type="checkbox"/>	Yes	
			<input checked="" type="checkbox"/>	No	
16. DAYS ACCRUED LEAVE PAID					11.5
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS THIS INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH ANY OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL EMPLOYMENT PROGRAM//BLACK 17: NA//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 152 OLIVE AVE EXT MALDEN MA 02148			19.b. NEAREST RELATIVE (Name and address - include Zip Code) JAMES R STARR SR SAME AS 19A		
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) FRANK D HATCHER JR GS-7 CH TRANSITION PT			
21. SIGNATURE OF MEMBER BEING SEPARATED					

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APR - 6 2021

Town of Seabrook Assessor's Office

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

24. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING	24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED	
25. SEPARATION AUTHORITY AR 635-200, CHAP 1	26. SEPARATION CODE 10A	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF ACTIVE DUTY TRAINING		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE PERSONNEL COMMAND
1 RESERVE WAY
ST. LOUIS, MO 63132-5200

ARPC-SFS-R
ORDERS D-09-966844

28 SEP 99

STARR JAMES RICHARD JR
152 OLIVE AVE EXT
MALDEN MA 02148

SFS-R

SPC 62B1 013 66 4133
USAR CONTROL GROUP (AT)

YOU ARE DISCHARGED FROM THE COMPONENT SHOWN.

AUTHORITY: AR 135-178
EFFECTIVE DATE: 28 SEP 99
COMPONENT: UNITED STATES ARMY RESERVE
TYPE OF DISCHARGE: HONORABLE
ADDITIONAL INSTRUCTIONS: IF RESERVE ID DD FORM 2A (RED) IS IN YOUR POSSESSION
RETURN IT TO THIS HQS, ATTN: ARPC-ALQ. OFFICIAL MILITARY PERSONNEL FILE
(OMPF) IS TRANSFERRED TO THE NATIONAL PERSONNEL RECORDS CENTER ATTN:
NPRC-MPR 9700 PAGE ST LOUIS, MO 63132-5200 FUTURE INQUIRIES SHOULD BE
DIRECTED TO THAT OFFICE. AS YOU NO LONGER HAVE ANY MILITARY STATUS, YOUR
RECORDS ARE NO LONGER HELD BY THE ARMY. REMEMBER TO INCLUDE YOUR FULL NAME,
SOCIAL SECURITY NUMBER AND ALL PREVIOUS SERVICE NUMBERS SO THAT YOUR RECORD
CAN BE POSITIVELY IDENTIFIED.

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Town of Seabrook
Assessor's Office

FORMAT: 500

* AR-PERSCOM *
* OFFICIAL *

TIMOTHY W. CANNON
COL, MP
COMMANDING

DISTRIBUTION: H2 PACKET: 15



from the Armed Forces of the United States of America

This is to certify that

JAMES RICHARD STARR JR 013-66-4133 SPC USAR

was Honorably Discharged from the
United States Army

on the 28TH day of SEPTEMBER 1999 This certificate is awarded
as a testimonial of Honor and Faithful Service

T. Cannon

TIMOTHY M. CANNON
COL, MP
COMMANDING

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Town of Seabrook
Assessor's Office