

**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 Saffie		FIRST NAME Michael		INITIAL	
	PROPERTY OWNER'S LAST NAME Saffie		FIRST NAME Grace		INITIAL M	
	MAILING ADDRESS 19 Newbury St					
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 19 Newbury St					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 22		BLOCK # 10		LOT # 1	
	VETERANS' TAX CREDIT					
	<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"/>	
	VETERANS' EXEMPTION					
	<u>Granted</u> <u>Denied</u> <u>Date</u>					
<input type="checkbox"/>	Total Exemption		<input type="checkbox"/>	(a) Veteran		
<input type="checkbox"/>			<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						
				<u>Granted</u>	<u>Denied</u>	
<input type="checkbox"/>	Elderly Exemption	Amount \$ _____		<input type="checkbox"/>		
<input type="checkbox"/>	Disabled Exemption	Amount \$ _____		<input type="checkbox"/>		
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____		<input type="checkbox"/>		
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ _____		<input type="checkbox"/>		
<input type="checkbox"/>	Blind Exemption	Amount \$ _____		<input type="checkbox"/>		
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____		<input type="checkbox"/>		
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>		
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>		
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>		
Elderly & Disabled Tax Deferral						
<input type="checkbox"/> Elderly and Disabled Tax Deferral				Amount \$ _____	<u>Granted</u> <u>Denied</u>	
				<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					
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 PROCE- DURE	<p>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.</p>					

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

RECEIVED

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

MAY - 5 2021

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

Grace M. Saffie

APPLICANT'S LAST NAME

Saffie

APPLICANT'S FIRST NAME

Michael

MI

If required, is a resident of the Town of Seabrook Assessor's Office

YES NO

PHONE NUMBER

APPLICANT'S LAST NAME

Saffie

APPLICANT'S FIRST NAME

Grace

MI

PHONE NUMBER

MAILING ADDRESS

19 Newbury St.

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

19 Newbury St

TAX MAP

22

BLOCK

16

LOT

1

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

Michael Saffie

Dates of Military Service
Enter (MMDDYYYY)

4. Date of Entry

2-11-1980

5. Date of Discharge/Release

2-10-1984

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

6. Name of Allied Country Served in

7. Branch of Service

US Coast Guard

9. Does any other eligible Veteran own interest in this property?

- YES NO
☐ 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
EXEMPTIONS10. ☐ 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)

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

SIGNATURE (IN INK) OF PROPERTY OWNER

5/5/21

DATE

5/5/21

DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input checked="" type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)			750	<input checked="" type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s)						
<input type="checkbox"/> Other Information						

VETERANS' EXEMPTION

☐ Certain Disabled Veterans' Exemption ☐ Veteran ☐ Surviving Spouse GRANTED ☐ DENIED ☐

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	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					

STANDARD and LOCAL OPTIONAL EXEMPTIONS *(If adopted by the City/Town)*

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Blind Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Deaf Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Disabled Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

- ☐ * List of assets, value of each asset, net encumbrance and net value of each asset.
 ☐ * State Interest and Dividends Tax Form.
- ☐ * Statement of applicant and spouse's income.
 ☐ * Property Tax Inventory Form filed in any other town.
- ☐ * Federal Income Tax Form.

* Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.

Municipal Notes

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PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <i>Ella Brown, Chairman</i>	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <i>Aball B. Khan</i>	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL <i>Theresa Kyle</i>	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	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: Michael Saffie

Address of Applicant's Principal Place of Abode 19 Newbury St.

Map and Lot Number of Applicant's Principal Place of Abode: 22-10-1

Date of Original Application to Municipality: 5-5-21

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) 2-11-1980 - 2-10-1984

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 Cangelosi Application Approved by: AK 5/12/21

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. NAME (Last, first, middle) SAFFIE, MICHAEL -NMND-		2. DEPARTMENT, COMPONENT AND BRANCH TRANSPORTATION: USCG		3. SOCIAL SECURITY NO. 0000 0000 0000	
4a. GRADE, RATE OR RANK BM3		4b. PAY GRADE E-4		5. DATE OF BIRTH 59 02 05	
6. PLACE OF ENTRY INTO ACTIVE DUTY LAURENCE, MA		7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USCG STATION BOSTON, MA		8. STATION WHERE SEPARATED USCG GROUP BOSTON, MA	
9. COMMAND TO WHICH TRANSFERRED COMMANDER, FIRST COAST GUARD DISTRICT OR, BOSTON, MA 02114				10. SGLI COVERAGE AMOUNT \$ 35,000 <input type="checkbox"/> NONE	
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) NA		12. RECORD OF SERVICE		YEAR (s) MON (s) DAY (s)	
		a. Date Entered AD This Period		80 02 11	
		b. Separation Date This Period		84 02 10	
		c. Net Active Service This Period		04 00 00	
		d. Total Prior Active Service		00 00 00	
		e. Total Prior Inactive Service		00 01 00	
		f. Foreign Service		00 00 00	
		g. Sea Service		01 06 22	
		h. Effective Date of Pay Grade		82 02 26	
		i. Reserve Oblig. Term. Date		86 01 10	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)					
FIRST COAST GUARD GOOD CONDUCT MEDAL FOR PERIOD ENDING 83FEB10X					
RIFLE - SHARPSHOOTER X X X X X X X X X X X X					
PISTOL - SHARPSHOOTER X X X X X X X X X X X X					
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)					
BM 'A' SCHOOL - 2/82 - 12 WKSX X X X X X X X X X X					
HUMAN RELATIONS SEMINAR 4/83 - 1 DAY X X X X X X X X X X					
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				17. DAYS ACCRUED LEAVE PAID	
18. REMARKS					
PLACE OF BIRTH: FRANKFURT, GERMANY X X X X X X X X X X					
HOME OF RECORD: LAURENCE, MA X X X X X X X X X X					
NO DISABILITY SEVERANCE PAYMENT MADE X X X X X X X X X X					
NO DD-256CG ISSUED AT TIME OF SEPARATION X X X X X X X X X X					
ADVISED OF SELECTIVE SERVICE REQUIREMENTS X X X X X X X X X X					
COMPLETED DENTAL EXAM 83OCT23 X X X X X X X X X X					
19. MAILING ADDRESS AFTER SEPARATION					
61 WINTHROPE AVE., LAURENCE, MA 01840					
20. MEMBER REQUESTS COPY 6 BE				SENT TO MA DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. SIGNATURE OF MEMBER BEING SEPARATED MICHAEL SAFFIE III		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN D. W. OGDEN, INC. USCG, BYDIR			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASED FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY CG PERSMAN 11000.6 ART. 12-B-11		26. SEPARATION CODE JBK	
27. REENLISTMENT CODE RE-1		28. NARRATIVE REASON FOR SEPARATION EXPIRATION OF ENLISTMENT	
29. DATES OF TIME LOST DURING THIS PERIOD TL - NONE		30. MEMBER REQUESTS COPY 4 INITIALS	

SN-7530-00-FO2-2740

RECEIVED

MAY - 5 2021

SERVICE - 2

**Town of Seabrook
Assessor's Office**

State of New Hampshire

CERTIFIED ABSTRACT OF A CERTIFICATE OF MARRIAGE

File # 2003009741

RECEIVED

MAY - 5 2021

Town of Seabrook
Assessor's Office

GROOM

FULL NAME MICHAEL SAFFIE
DATE OF BIRTH FEBRUARY 05, 1958
RESIDENCE SALEM, NEW HAMPSHIRE
MOTHER'S NAME PIERETTE GARAND
FATHER'S NAME MICHAEL SAFFIE
MARITAL STATUS DIVORCE
NO. OF THIS MARRIAGE TWO
BIRTH PLACE GERMANY

BRIDE

FULL NAME GRACE MARIE KELLEHER
MAIDEN SURNAME CATALANO
DATE OF BIRTH MARCH 04, 1955
RESIDENCE SALEM, NEW HAMPSHIRE
MOTHER'S NAME ROSE CICCARELLA
FATHER'S NAME NICHOLAS CATALANO
MARITAL STATUS DIVORCE
NO. OF THIS MARRIAGE TWO
BIRTH PLACE MASSACHUSETTS

PLACE MARRIAGE INTENTIONS FILE SALEM
PLACE OF MARRIAGE ATKINSON
DATE OF MARRIAGE DECEMBER 07, 2003
MARRIAGE PERFORMED BY PHILIP D. FICHERA
FILE DATE DECEMBER 08, 2003
MARGINAL NOTES

0975847

I HEREBY CERTIFY THAT THIS IS A TRUE ABSTRACT ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE.

ATTEST:

Mary Fawcett

STATE/LOCAL REGISTRAR

William R. Bolton, Jr.
William R. Bolton, Jr.
State Registrar

DATE ISSUED: October 17, 2005

STATE CITY/TOWN OF:

SALEM

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
It shall be unlawful for anyone to reproduce this certificate other than local or State Registrar.

VS-SP1

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

May 5, 2021

To Whom It may concern,

I Am writing for the military discount
towards our Real Estate TAXES at

19 Newbury St
Seabrook NH 03874

RECEIVED
MAY 11 2021
TOWN OF SEABROOK
Assessor's Office

I was not aware of the deadline.
I am asking for forgiveness in this matter.

Thank you

Grace & Michael Saffie
19 Newbury St.
Seabrook, NH
03874

978-790-6182

Enclosed is our marriage license
and DD 214