

**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 Vettese	FIRST NAME Angelo	INITIAL L	PROPERTY OWNER'S NAME			
	PROPERTY OWNER'S LAST NAME Vettese	FIRST NAME Sandra	INITIAL E				
	MAILING ADDRESS PO Box 1126						
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874				
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 64 Blacksnake Road						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 3		BLOCK # 4	LOT # 160	PROPERTY OWNER'S NAME TAX MAP/BLOCK/LOT		
	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"/>	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			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							
<input type="checkbox"/>	Elderly Exemption	Amount \$ _____	Granted	Denied	Date		
<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 .						

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JUN 17 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

Town of Seabrook Assessor's Office

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER

APPLICANT'S LAST NAME: Angelo + Sandra Vettese APPLICANT'S FIRST NAME: Angelo MI: L PHONE NUMBER:

APPLICANT'S LAST NAME: Vettese APPLICANT'S FIRST NAME: Sandra MI: E. PHONE NUMBER:

MAILING ADDRESS: P.O. Box 1126

CITY/TOWN: Seabrook STATE: NH ZIPCODE:

PROPERTY ADDRESS: 64 Blacksnake Rd. TAX MAP: 3 BLOCK: 4 LOT: 160

IS THIS YOUR PRIMARY RESIDENCE? YES NO

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: Angelo L. Vettese **Dates of Military Service:** Enter (MMDDYYYY)

4. Date of Entry: 4-13-70 **5. Date of Discharge/Release:** 12-10-71

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

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)

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: Angelo L. Vettese DATE: 6/17/2021
 SIGNATURE (IN INK) OF PROPERTY OWNER: Sandra E. Vettese DATE: 6/17/2021

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

149
VJ

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: Angelo L. Vetkese
Address of Applicant's Principal Place of Abode 64 Blacksnake Rd.
Map and Lot Number of Applicant's Principal Place of Abode: 3-4-160
Date of Original Application to Municipality: 6-17-21

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) 4-13-70 - 12-10-71

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: *Emma Carlier* Application Approved by: *[Signature]* 6/21/96

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

PERSONAL DATA	1. LAST NAME, FIRST NAME-MIDDLE NAME VETTESE ANGELO LOUIS		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER 000 000 0000			
	4. DEPARTMENT COMPONENT AND BRANCH OR CLASS ARMY AUS QM		5a. GRADE RATE OR RANK SP 4	6. PAY GRADE E-4	6. DATE OF RANK DAY: 17 MONTH: Feb YEAR: 71	7. U S CITIZEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	8. PLACE OF BIRTH (City and State or Country) CAMDEN NJ		9. DATE OF BIRTH DAY: 26 MONTH: Jan YEAR: 48		c. DATE INDUCTED DAY: 13 MONTH: Apr YEAR: 70			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 30 88 48 218		b. SELECTIVE SERVICE LOCAL BOARD NUMBER CITY COUNTY STATE AND ZIP CODE LB# 88 BUFFALO NY			c. DATE INDUCTED		
	11a. TYPE OF TRANSFER OR DISCHARGE TRANSFERRED TO USAR		b. STATION OR INSTALLATION AT WHICH EFFECTED FORT DEVENS MA 01433			d. EFFECTIVE DATE DAY: 10 MONTH: Dec YEAR: 71		
TRANSFER OR DISCHARGE DATA	r. REASON AND AUTHORITY DA Msg 13140Z Aug 71 SPN 21L AR 635-200		12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND FIRST UNITED STATES ARMY HHC 100th S&S BN FORT DEVENS MA 01433		13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED NONE	
	14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CON GP (ANL TNG) USARPAC 9700 PAGE BLVD ST LOUIS MO		15. REENLISTMENT CODE RE-1B		16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY: 12 MONTH: Apr YEAR: 76		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 type="checkbox"/> OTHER NA	
	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) BUFFALO NY		b. TERM OF SERVICE (Years) NA	
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 164 COUNTRY PARKWAY AMHERST NY 14221		22. STATEMENT OF SERVICE		c. DATE OF ENTRY DAY: NA MONTH: NA YEAR: NA		23a. SPECIALTY NUMBER & TITLE 94B20 COOK	
23b. RELATED CIVILIAN OCCUPATION AND D.O.T NUMBER 313.281 Executive Chef		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE SERVICE MEDAL, EXPERT BADGE(RIFLE M-16).		25. EDUCATION AND TRAINING COMPLETED ATP 21-114 CODE OF CONDUCT GENEVA CONVENTIONS CBR TNG UCMJ		26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NONE		
VA AND EMP. SERVICE DATA	27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA		28. VA CLAIM NUMBER NONE	
	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15.000 <input type="checkbox"/> \$10.000 <input type="checkbox"/> \$5.000 <input type="checkbox"/> NONE		30. REMARKS BLOOD GROUP: O POSITIVE CIVILIAN EDUCATION: 14 Years		31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 6263 VENUS AVE. PORTAGE IN 46368		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Angelo L. Vettese</i>	
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER RALPH G SMITH, CPT, INF, ADMIN OFFICER		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Ralph G. Smith</i>		35. REMARKS		36. REMARKS	

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Town of Seabrook
Assessor's Office

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Town of Seabrook
Assessor's Office

June 17, 2021

To whom it may concern

I have been a resident of Seabrook
around 8 years. This is the first time
I've applied for a veterans tax credit.
I recently became aware of the credit
& didn't realize there was a cut off
date. I am asking that you waive
that date & consider my application
now. Thank You.

Arzela L. Vetter

New Hampshire DRIVER LICENSE
NOT FOR FEDERAL IDENTIFICATION

01/26/2022 01VEA48261

VETTESE
ANGELO L

864 BLACKSNAKE RD
SEABROOK, NH 03874

15 SEX 111 HT 5-10 WT 205 lb HAIR BRO EYES BRO

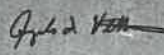
4b STATE 01 DATE OF BIRTH 01/26/1948

CLASS D

12 RESTRICTIONS NONE

13 ENDORSEMENTS NONE

00220182



And is on voter
checklist.
GC.