

**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 Bennett		FIRST NAME Warren	INITIAL L				
	PROPERTY OWNER'S LAST NAME Bennett		FIRST NAME Diane	INITIAL				
	MAILING ADDRESS 8 Blueberry Lane							
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874					
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 8 Blueberry Lane							
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 14		BLOCK # 6	LOT # 161				
	VETERANS' TAX CREDIT							
	Granted/Denied Date							
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ <u>750</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
	<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"/>	<u> </u>		
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # _____						
	<input type="checkbox"/>	Other Information _____						
	VETERANS' EXEMPTION							
	Granted Denied Date							
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
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"/>	<u> </u>		
<input type="checkbox"/>	Disabled Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
<input type="checkbox"/>	Blind Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
Elderly & Disabled Tax Deferral								
Granted Denied								
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>		
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		
	, Chairman							
	, Co-Chairman							
	, Clerk							
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

DEC 7 2022

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

APPLICANT'S LAST NAME: Warren+ Diane Bennett APPLICANT'S FIRST NAME: Warren MI: L. PHONE NUMBER:

APPLICANT'S LAST NAME: Bennett APPLICANT'S FIRST NAME: Warren MI: PHONE NUMBER:

MAILING ADDRESS: P.O. Box 313 8 Blueberry Lane

CITY/TOWN: Seabrook STATE: ZIP CODE:

PROPERTY ADDRESS: 8 Blueberry Lane TAX MAP: 14 BLOCK: 6 LOT: 141

IS THIS YOUR PRIMARY RESIDENCE? YES NO

If required, is a PA-33 on file?
 YES NO
Seabrook Assessor's Office

PROPERTY OWNER NAME

PROPERTY OWNER NAME

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: Warren L. Bennett Dates of Military Service Enter (MMDDYYYY):

4. Date of Entry: 2-2-1970 5. Date of Discharge/Release: 5-1-1974

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

6. Name of Allied Country Served in: 7. Branch of Service: NAVY

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)

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 4
RESIDENCY

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] DATE: 12-9-22

SIGNATURE (IN INK) OF PROPERTY OWNER: DATE:

TAX MAP | BLOCK | LOT

reg
VC
2024

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: Warren Bennett

Address of Applicant's Principal Place of Abode: 8 Blueberry Lane

Map and Lot Number of Applicant's Principal Place of Abode: 14-6-161

Date of Original Application to Municipality: 12-9-22

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) 2-2-1970 - 5-1-1974

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: Gamma Camerino Application Approved by: BOS

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: _____

215732

THIS IS AN IMPORTANT RECORD
SAFERGUARD IT

1. LAST NAME FIRST NAME MIDDLE NAME
BENNETT, WARREN LESLIE

2. SOCIAL SECURITY NUMBER
M 030 40 3846

3. GRADE
TM2 (SS3)

4. DATE OF ENTRY INTO SERVICE
ES

5. DATE OF SEPARATION
50 AUG 70

6. MONTH OF SEPARATION
73 MAY 03

7. EFFECTIVE DATE OF SEPARATION
70, BEVERLY, MA

8. PLACE OF SEPARATION AT WHICH OCCURRED
BEVERLY, MA

9. AUTHORITY AND CLASS
RELEASE FROM ACT DUTY AND TRF. TO USNR NAVSTA CHASN SC

10. HONORABLE
HONORABLE

11. NAME OF COMMAND AND COMMANDER
USS FRANCIS S. OTT KEY (SSBN 657)

12. DATE OF ENTRY INTO SERVICE
75 SEP 70

13. DATE OF SEPARATION
70 FEB 02

14. GRADE
632 ORDNANCE MECH

15. PLACE OF SEPARATION AT WHICH OCCURRED
SALEM, MA

16. AUTHORITY AND CLASS
TM-3341

17. TYPE OF SEPARATION
0000

18. TYPE OF SEPARATION
NA

19. TYPE OF SEPARATION
TL-NONE

20. TYPE OF SEPARATION
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21. TYPE OF SEPARATION
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22. TYPE OF SEPARATION
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20. DECORATIONS, MEDALS, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NATIONAL DEFENSE SERVICE MEDAL

21. MARKS

BASIC ELECTRICITY AND ELECTRONICS (CLASS P) SCHOOL 25MAY-02JUL70

LAUNCHER TECHNICIAN CDP 7781 7SEP-20NOV70

TM A SUB CLASS 7101 6JUL-21AUG70

ECC FOR BMR USN, MRPO3&2, TM3&2

EXTENDED ENLISTMENT FOR 3 MONTHS ON 2FEB74. EXTENSION WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.

22. MAILING ADDRESS AT THE SEPARATION (Include Zip Code)

5 HARRISON AVE., BEVERLY, MA 01915

23. TYPE, GRADE, AND TITLE OF AUTHORITY, IF ANY

P.L. HEMBREY PNC, USN HEAD SEP DIV BY DIR CO

24. SIGNATURE OF PERSON BEING SEPARATED

Warren L. Bennett

25. SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN

P.L. Hembrey