

**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 Bridges		FIRST NAME Clifford		INITIAL	
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL	
	MAILING ADDRESS 21 Pages Lane					
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 21 Pages Lane					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 7		BLOCK # 17	LOT # 3		
	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 COM- MENTS/ NOTES	Municipal Comments/Notes					
STEP 4 SIGNA- TURES	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/BL/LOCK/LOT

RECEIVED

1037 - 2113

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER

If required, is a PA-33 on file? YES NO

APPLICANT'S LAST NAME: Bridges Family Trust APPLICANT'S FIRST NAME: Clifford MI: PHONE NUMBER:

APPLICANT'S LAST NAME: Bridges APPLICANT'S FIRST NAME: Clifford MI: PHONE NUMBER:

APPLICANT'S LAST NAME: Bridges APPLICANT'S FIRST NAME: Leslye MI: PHONE NUMBER:

MAILING ADDRESS:

CITY/TOWN: 21 Pags Lane STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: Scabool TAX MAP: 7 BLOCK: 17 LOT: 3

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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: Clifford A. Bridges Dates of Military Service: Enter (MMDDYYYY)

4. Date of Entry: 9-3-68 5. Date of Discharge/Release (if applicable): 9-1-72

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)

12. Blind Exemption (RSA 72:37)

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

13. Deaf Exemption (RSA 72:38-b) Electric Energy Storage Systems Exemption (RSA 72:85)
 Disabled Exemption (RSA 72:37-b) Wind-Powered Energy Systems Exemption (RSA 72:66)
 Solar Energy Systems Exemption (RSA 72:62) Woodheating Energy Systems Exemption (RSA 72:70)
 Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)

STEP 4
RESIDENCY

14. 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

15. 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.

Cliff Bridges SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 11/2/23

SIGNATURE (IN INK) OF PROPERTY OWNER DATE: _____

1037
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: Clifford Bridges

Address of Applicant's Principal Place of Abode: 21 PAGES Lane

Map and Lot Number of Applicant's Principal Place of Abode: 777-3

Date of Original Application to Municipality: 11-2-23

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) 9-3-68 - 9-1-72

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 Camilleri 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: _____

¹ Revised September, 2006
veteransworksheets\Inst

77-3

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

31404

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME BRIDGES, Clifford Allen			2. SERVICE NUMBER NA			3. SOCIAL SECURITY NUMBER 0000 20 8000																				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY-USN			5a. GRADE, RATE OR RANK AN			6. DATE OF RANK E-3																				
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8. PLACE OF BIRTH (City and State or Country) Portsmouth, New Hampshire			9. DATE OF BIRTH DAY: 30 MONTH: APR YEAR: 69 DAY: 05 MONTH: MAY YEAR: 49																				
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 27 8 49 322			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 20, Portsmouth, New Hampshire 03801			c. DATE INDUCTED DAY: NA MONTH: NA YEAR: NA																				
	11a. TYPE OF TRANSFER OR DISCHARGE Released from active duty & transferred to Naval Reserve			11b. STATION OR INSTALLATION AT WHICH EFFECTED NAS, Barbers Point, Oahu, Hawaii			12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Naval Air Station, Barbers Point																				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY BUPERSMAN 3840240.2b-209-Release from active duty within 3 months of expiration of USN contract and ***			13a. CHARACTER OF SERVICE HONORABLE			d. EFFECTIVE DATE DAY: 01 MONTH: SEP YEAR: 72																				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Naval Reserve Manpower Center, Bainbridge, Maryland 21905			15. REENLISTMENT CODE RE-3R			16. TERMINAL DATE OF RESERVE UMTAS OBLIGATION DAY: 09 MONTH: MAY YEAR: 74																				
	17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			b. TERM OF SERVICE (Years) 04			c. DATE OF ENTRY DAY: 03 MONTH: SEP YEAR: 68																				
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AR			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Portsmouth, New Hampshire																				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 41 Suzanne Dr. Portsmouth, New Hampshire 03801			22. STATEMENT OF SERVICE			23. SPECIALTY NUMBER & TITLE AT-661C/4091 Electronics Mechanic (852)																				
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE MEDAL			25. EDUCATION AND TRAINING COMPLETED AFUN "P" SCHOOL, NATTC, Memphis, Tenn., 25 NOV 68 - 06 DEC 68. AV "A" SCHOOL, NATTC, Memphis, Tenn., 09 DEC 68 - 18 APR 69.			26a. NON-PAY PERIODS: TIME LOST (Preceding Two Years) TL - NONE EXLV - NONE																				
	27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			27b. VA CLAIM NUMBER C			27c. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <input checked="" type="checkbox"/> \$15,000																				
VA AND EMP. SERVICE DATA	28. DAYS ACCRUED LEAVE PAID 01			29. MONTH ALLOTMENT DISCONTINUED NA			30. REMARKS *** concurrent transfer to Naval Reserve. High School - 4																				
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 41 Suzanne Dr. Portsmouth, New Hampshire 03801			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Clifford A. Bridges</i>			33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER M. NII, SUPV MIL PERS CLK BY DIR OF THE C.O.																				
AUTHENTICATION	34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>M. Nii</i>			35. REMARKS <table border="1"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table>			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	36. AUTHENTICATION FORM 214N 1 JUL 66 S/N 0102-002-0200		
	X	X	X	X	X	X	X	X	X																		
X	X	X	X	X	X	X	X	X																			

COMMENDABLE DEEDS



from the Armed Forces of the United States of America

This is hereby

that CLIFFORD ALLEN BRIDGES 001-38-8194 AN USNR

was honorably discharged from the

United States Navy

on the 9TH *day of* MAY 1974 *This certificate is awarded*

as a testimony of Honor and Faithful Service

R. J. Stanekowski

R. J. STANEKOWSKI, CAPTAIN, USNR
Commanding Officer
Naval Reserve Manpower Center

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR
TAX DEFERRAL UNDER RSA 72:33, V

(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE

TYPE OR PRINT

OWNER	Bridges Family TRUST		
APPLICANT'S LAST NAME	Bridges	APPLICANT'S FIRST NAME	Clifford MI <input type="checkbox"/>
APPLICANT'S LAST NAME	Bridges	APPLICANT'S FIRST NAME	Leslye MI <input type="checkbox"/>
MAILING ADDRESS	21 Pages Lane		
CITY/TOWN	Seabrook	STATE	ZIPCODE
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	21 Pages Lane		

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- Grantor/Revocable Trust
- Equitable Title holder or
- Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
- (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
- (c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above): Bridges Family Trust.

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

[Empty box for explanation or additional details]

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]

SIGNATURE (IN INK)

CLIFFORD BRIDGES

PRINT NAME

11/2/23

DATE

X

SIGNATURE (IN INK)

PRINT NAME

DATE

TELEPHONE NUMBER

WHO MUST FILE	To be completed by property owners wishing to establish their status as grantor of a revocable trust, holding equitable title or the beneficial interest of a trust, or a life estate in a property. RSA 72:29, VI. For purposes of RSA 72:28, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
WHEN TO FILE	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered.

RECEIVED
NOV - 2 2023
Town of Seabrook
Assessor's Office