

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 Clothey		FIRST NAME Lawrence	INITIAL R		
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL		
	MAILING ADDRESS 13 Blueberry Lane					
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874		
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 14		BLOCK # 6	LOT # 134		
	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"/>	
<input type="checkbox"/>			<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<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					
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/BOOK/LOT

Reg VC

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 Lawrence Clothey, Jeffrey Clothey + Susan Clothey APPLICANT'S FIRST NAME Lawrence MI 03 PHONE NUMBER 770-0011

APPLICANT'S LAST NAME Clothey APPLICANT'S FIRST NAME Lawrence MI 03 PHONE NUMBER

MAILING ADDRESS 13 Blueberry Lane

CITY/TOWN STATE ZIP CODE

PROPERTY ADDRESS 13 Blueberry Lane TAX MAP 14 BLOCK 6 LOT 134

IS THIS YOUR PRIMARY RESIDENCE? YES NO

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 Lawrence R. Clothey Dates of Military Service Enter (MMDDYYYY) 4. Date of Entry OCT 4, 1954 5. Date of Discharge/Release (if applicable) OCT 14, 1955

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

6. Name of Allied Country Served in 7. Branch of Service Air Force

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

PROPERTY OWNER NAME

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)

TAX MAP | BLOCK | LOT

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.

Lawrence Clothey 11-6-23
SIGNATURE (IN INK) OF PROPERTY OWNER DATE

SIGNATURE (IN INK) OF PROPERTY OWNER DATE

603-770-0011

Reg VC

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: Lawrence P. Clotney

Address of Applicant's Principal Place of Abode: 13 Blueberry Lane

Map and Lot Number of Applicant's Principal Place of Abode: 14-6-134

Date of Original Application to Municipality: _____

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) 10-4-1954-10-14-1955

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:  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
veteransworksheet\WInst

LEGEND: Insert N/A to the items below which are not applicable.


PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME CLOTHEY LAWRENCE ROBERT		2. SERVICE NUMBER AF 12 462 760		3. G. GRADE, RATE OR RANK A/1C (P)		4. DATE OF BIRTH (Day, Month, Year) 1 Dec 56		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF			5. PLACE OF BIRTH (City and State or Country) Newburyport Mass			6. DATE OF BIRTH 8 Jan 36		
	7. RACE Caucasian		8. SEX Male		9. COLOR HAIR Brown		10. COLOR EYES hazel		
	11. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School 4		12. MAJOR COURSE OR FIELD Academic		13. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. MARITAL STATUS Single		
TRANSFER OR DISCHARGE DATA	11. TYPE OF TRANSFER OR DISCHARGE Release from Active Military Service							STATION OR INSTALLATION AT WHICH EFFECTED McGuire AFB New Jersey	
	12. REASON AND AUTHORITY SDN 411 PAR 2 APR 39-14 & MS& HQ USAF AFPMF 48100							13. EFFECTIVE DATE 27 Sep 57	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1605th ABW (MATS)				13. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED DD FORM 21(A)		
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER 19 59 36 3		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE LE 59 Newburyport (Essex) Mass				16. DATE INDUCTED N/A		
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED HQ CONAG (IRS) AIR RESERVE RECORDS CENTER 3800 YORK STREET DENVER COLORADO								
	18. TERMINAL DATE OF RESERVE OBLIGATION 3 Oct 62		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input checked="" type="checkbox"/> UNLISTED (First Enlistment) <input type="checkbox"/> UNLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER: AFQT 4-31-III			20. TERM OF SERVICE (Years) 4		21. DATE OF ENTRY 4 Oct 54	
SERVICE DATA	20. PRIOR REGULAR ENLISTMENTS None		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE A/B		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Boston Army Base Boston Mass				
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 18 Boardman St Newburyport (Essex) Mass		24. STATEMENT OF SERVICE						
	25. SPECIALTY NUMBER AND TITLE 70250 Admin Clk		26. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER Clk Gen Off 1-05.01		27. CREDITABLE FOR BASIC PAY PURPOSES		28. YEARS MONTHS DAYS		
					(1) NET SERVICE THIS PERIOD		04 00 11		
					(2) OTHER SERVICE		00 00 00		
					(3) TOTAL (Line (1) + line (2))		04 00 11		
				29. TOTAL ACTIVE SERVICE		04 00 11			
				30. FOREIGN AND/OR SEA SERVICE		01 01 15			
31. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Good Conduct Medal									
32. AWARDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None									
33. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED									
34. SCHOOL OR COURSE		35. DATES (From - To)		36. MAJOR COURSES		37. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
None		N/A		N/A		None			
VA DATA	38. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			39. AMOUNT OF ALLOTMENT N/A		40. MONTH ALLOTMENT DISCONTINUED N/A			
	41. VA BENEFITS PREVIOUSLY AWARDED FOR (Specify type) None					42. VA CLAIM NUMBER N/A			
AUTHENTICATION	43. REMARKS FSSD11 Oct 58 Blood Group O Pos Entitled to \$300 MOP UP PL 550 82nd Congress (1st Installment paid \$100) Mech 4 Cler 6 EqpOpr 5 RadOpr 3 TecSp 4 Crafts 6 Elects 7 Paid for 17 days accrued leave Airman has not completed a normal overseas tour No time lost RE-3								
	44. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) See item # 23				45. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Lawrence P. Clothey</i>				
	46. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER MARJORIE A FIELDS 2/LT USAF				47. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Marjorie A. Fields</i>				

DD FORM 1300 NOV 55 214

REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE AFTER 1 JULY 1956.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

RETURN TO THE AIR ADJUTANT GENERAL, WASHINGTON 25, D. C.
 (found, drop in mail box, Postmaster: Postage Guaranteed)
 LAWRENCE R. CLOUTY USAF
 SIGNATURE OF CERTIFYING OFFICER (print name and grade)
 SIGNATURE OF INDIAN
 4 OCT 54
 PERIOD OF ACTIVE DUTY

CERTIFICATE OF SERVICE
 ARMED FORCES OF THE UNITED STATES

 A 12 462 76
 THIS IS TO CERTIFY THAT
 LAWRENCE ROBERT CLOUTY
 AIRMAN, FIRST CLASS, REGAR
 HONORABLY SERVED ON ACTIVE DUTY IN THE
Air Force of the United States