

**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 Elwell		FIRST NAME Steven	INITIAL E	
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL	
	MAILING ADDRESS 25 Perkins Ave #82				
	CITY/TOWN Seabrook		STATE NH	ZIP CODE 03874	
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 82 Elm Ct					
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 8		BLOCK # 13	LOT # 82	
	VETERANS' TAX CREDIT				
	<u>Granted/Denied</u> <u>Date</u>				
	<input type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ 4,000	<input checked="" 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				
	<u>Granted</u> <u>Denied</u> <u>Date</u>				
<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					
<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/BLOCK/LOT

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

AUG 31 2023

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER: Steven Ever H Elwell + Julie Elwell

APPLICANT'S LAST NAME: Elwell | APPLICANT'S FIRST NAME: Steven | MI: E | PHONE NUMBER: 978-979-7838

APPLICANT'S LAST NAME: Elwell | APPLICANT'S FIRST NAME: Steven | MI: | PHONE NUMBER: |

MAILING ADDRESS: 25 Perkins Ave #82

CITY/TOWN: Seabrook | STATE: NH | ZIP CODE: 03874

PROPERTY ADDRESS: 82 Elm Ct | TAX MAP: 8 | BLOCK: 13 | LOT: 82

IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of Seabrook Assessor's Office

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: Steven E. Elwell | Dates of Military Service: Enter (MMDDYYYY) | 4. Date of Entry: 6-16-1986 | 5. Date of Discharge/Release (if applicable): 9-13-1996

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

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)

STEP 4
RESIDENCY

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)

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)

TAX MAP | BLOCK | LOT

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.

SIGNATURE (IN INK) OF PROPERTY OWNER: [Signature] | DATE: 8-31-23

SIGNATURE (IN INK) OF PROPERTY OWNER: | DATE: |

DISC 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: STEVEN E. ELLIOTT

Address of Applicant's Principal Place of Abode: 82 ELM CT

Map and Lot Number of Applicant's Principal Place of Abode: 8-13-82

Date of Original Application to Municipality: 8-31-2023

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) 6-16-1986 - 9-13-1996

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: _____

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: Gemma Carlini Application Approved by: BOS

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\WInst

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEAVE OR DISCHARGE FROM ACTIVE DUTY

091

1. NAME (Last, First, Middle) ELWELL, STEVEN EVERETT		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NO	
4.a GRADE RATE OR RANK ML?	4.b PAY GRADE E5	5. DATE OF BIRTH (YYMMDD) 57MAY25		6. RESERVE OBLIG. TERM. DATE Year NA Month Day	
7.a PLACE OF ENTRY INTO ACTIVE DUTY BOSTON, MA		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 59 NORTH STREET WARE, MA 01082			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS SIMON LAKE (AS 33)		8.b STATION WHERE SEPARATED PERSUPACT DET NEW LONDON, CT			
9. COMMAND TO WHICH TRANSFERRED N/A		10. SGLI COVERAGE Amount: \$100,000 <input type="checkbox"/> None			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) ML 0300		12. RECORD OF SERVICE			
		Year(s)	Month(s)	Day(s)	
		a Date Entered AD This Period	86	JUN	16
		b Separation Date This Period	96	SEP	13
		c Net Active Service This Period	10	02	28
		d Total Prior Active Service	00	00	00
		e Total Prior Inactive Service	00	00	00
		f Foreign Service	00	00	00
		g Sea Service	05	03	10
			90	DEC	16

13. AWARDS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
 NAVY ACHIEVEMENT MEDAL; MERITORIOUS UNIT COMMENDATION (2 AWARDS); NAVY BATTLE "E" RIBBON (2 AWARDS); SECOND GOOD CONDUCT AWARD FOR PERIOD ENDING 74JUN15; NATIONAL DEFENSE SERVICE MEDAL; CONTINUED

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
 ML "A" SCHOOL, 15WKS, NOV86.

15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b MEMBER ELIGIBLE OR PARTICIPATED IN PROGRAM	Yes	No	16. DAYS ACCRUED LEAVE PAID
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.5

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No

18. REMARKS
 -THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM.
 -BLOCK 13 CONT.: SEA SERVICE DEPLOYMENT RIBBON (5 AWARDS).

19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
 10 CHARLES ST.
 WARE, MA 01082

19.b NEAREST RELATIVE (Name and address - include Zip Code)
 JOYLEE ELWELL (SPOUSE)
 10 CHARLES ST.; WARE, MA 01082

20. MEMBER REQUESTS COPY BE SENT TO (Type of VET AFFAIRS P. Yes No)	21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
	<i>St. Charles</i>	M. GARDNER, PNC1 SW, USN MILPERSUPV

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION 1. DISCHARGE	24. CHARACTER OF SERVICE (Include upgrades) DISCHARGE	
25. SEPARATION AUTHORITY MIL PERMAN 1002150	26. SEPARATION CODE 100	27. REENTRY CODE PC 10
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD NONE	30. MEMBER REQUESTS COPY 4 <i>SEE</i> Initials	

PREVIOUS EDITIONS ARE OBSOLETE SERVICE - X

8-13-82

RECEIVED

NOV 27 2019

Town of Seabrook Assessor's Office