

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"

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>Gill</b>	FIRST NAME <b>Sean</b>	INITIAL <b>M</b>				
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL				
	MAILING ADDRESS <b>10 Maple Ridge Road</b>						
	CITY/TOWN <b>Seabrook</b>	STATE <b>NH</b>	ZIP CODE <b>03874</b>				
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED <b>10 Maple Ridge Road</b>						
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>2</b>		BLOCK # <b>37</b>	LOT # <b>3</b>			
	<b>VETERANS' TAX CREDIT</b>			<u>Granted</u> / <u>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"/>	<u>      </u>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ <u>      </u>	<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 \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # <u>      </u>					
	<input type="checkbox"/>	Other Information <u>      </u>					
	<b>VETERANS' EXEMPTION</b>			<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	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>
	<b>APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS</b>						
<b>Income Limits</b>	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category				
Single	\$ <u>      </u>	\$ <u>      </u>	65 - 74 years of age	\$ <u>      </u>			
Married	\$ <u>      </u>	\$ <u>      </u>	75 - 79 years of age	\$ <u>      </u>			
<b>Asset Limits</b>			80 + years of age	\$ <u>      </u>			
Single	\$ <u>      </u>	\$ <u>      </u>					
Married	\$ <u>      </u>	\$ <u>      </u>					
<b>OTHER EXEMPTIONS</b>			<u>Granted</u> <u>Denied</u> <u>Date</u>				
<input type="checkbox"/>	Elderly Exemption	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<input type="checkbox"/>	Disabled Exemption	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<input type="checkbox"/>	Blind Exemption	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<input type="checkbox"/>	Deaf Exemption	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>		
<b>Elderly &amp; Disabled Tax Deferral</b>			<u>Granted</u> <u>Denied</u>				
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$ <u>      </u>	<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 <b>following</b> the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)							
<b>STEP 3 COM- MENTS/ NOTES</b>	Municipal Comments/Notes						
<b>STEP 4 SIGNA- TURES</b>	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date				
	<b>, Chairman</b>						
	<b>, Vice-Chairman</b>						
	<b>, Clerk</b>						
<b>APPEAL PROCE- DURE</b>	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before <b>September 1st</b> 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 <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .						

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLCK/LOT

RECEIVED

JAN 7 2024

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: Sean michael Gill  
 APPLICANT'S FIRST NAME: Sean  
 MI: m.  
 PHONE NUMBER: [ ]

APPLICANT'S LAST NAME: [ ]  
 APPLICANT'S FIRST NAME: [ ]  
 MI: [ ]  
 PHONE NUMBER: [ ]

MAILING ADDRESS: 10 maple Ridge Rd  
 CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874

PROPERTY ADDRESS: 10 maple Ridge Rd TAX MAP: 2 BLOCK: 37 LOT: 3

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

STEP 2  
VETERANS'  
TAX CREDITS  
AND  
EXEMPTION

VETERAN'S INFORMATION

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: Sean M. GILL Dates of Military Service Enter (MMDDYYYY): [ ] 4. Date of Entry: 2-15-17 5. Date of Discharge/Release: 1-15-2018

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  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

STEP 3  
EXEMPTIONS

STANDARD 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: [Signature] DATE: 2-15-2024

SIGNATURE (IN INK) OF PROPERTY OWNER: [ ] DATE: [ ]

TAX MAP | BLOCK | LOT

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: Sean Gill

Address of Applicant's Principal Place of Abode: 10 maple Ridge Road

Map and Lot Number of Applicant's Principal Place of Abode: 2-37-3

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) 2-15-2017 - 1-15-2018

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](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](http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Dischg_Papers_-_Web_0804.doc)

Documentation Reviewed By: *Emma Carlin* 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)<sup>1</sup>**

**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: \_\_\_\_\_

<sup>1</sup> 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 RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) GILL, SEAN MICHAEL		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NUMBER 000 000 000	
4a. GRADE, RATE OR RANK SGT	b. PAY GRADE E05	6. DATE OF BIRTH (YYYYMMDD) 19840224	8. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000		
7a. PLACE OF ENTRY INTO ACTIVE DUTY WAKEFIELD, MASSACHUSETTS		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 503 WATER STREET WAKEFIELD MASSACHUSETTS 01880			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 032STCDETI FC			b. STATION WHERE SEPARATED FORT HOOD TC, TX 76544-5056		
9. COMMAND TO WHICH TRANSFERRED 325 TC CO DET 1 (WZPEA2), DANBURY AFRC, DANBURY, CT 06810			10. SGLI COVERAGE AMOUNT: \$400,000.00 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.) SSM20 00 MOTOR TRANSPORT OP - 0 YRS 11 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2017	02	15
		b. SEPARATION DATE THIS PERIOD	2018	01	15
		c. NET ACTIVE SERVICE THIS PERIOD	0000	11	01
		d. TOTAL PRIOR ACTIVE SERVICE	0001	04	14
		e. TOTAL PRIOR INACTIVE SERVICE	0010	09	02
		f. FOREIGN SERVICE	0000	08	21
		g. SEA SERVICE	0000	00	00
		h. INITIAL ENTRY TRAINING	0000	00	00
		i. EFFECTIVE DATE OF PAY GRADE	2010	08	01
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL (2ND AWARD)//ARMY GOOD CONDUCT MEDAL//ARMY RESERVE COMPONENT ACHIEVEMENT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//IRAQ CAMPAIGN MEDAL W/ CAMPAIGN STAR//ARMY SERVICE RIBBON//OVERSEAS SERVICE//CONT IN BLOCK 18		14. MILITARY EDUCATION (Course title, number of weeks, and months and year completed) NONE//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA )		YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES X NO	
18. REMARKS SERVICE IN POLAND 20170320-20170623//SERVICE IN BULGARIA 20170623-20170805//SERVICE IN POLAND 20170806-20171210//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF ATLANTIC RESOLVE IAW 10 USC 12304B//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE //CONT FROM BLOCK 13: RIBBON (2ND AWARD)//ARMY RESERVE COMPONENT OVERSEAS TRAINING RIBBON//ARMED FORCES RESERVE MEDAL W/ M DEVICE//DRIVER AND MECHANIC BADGE W/ DRIVER-WHEELED VEHICLE(S) CLASP//NOTHING FOLLOWS The information contained herein is subject to computer matching within the Department of Defense or with any other affected 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.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 503 WATER STREET WAKEFIELD MASSACHUSETTS 01880		b. NEAREST RELATIVE (Name and address - include ZIP Code) MICHAEL JOSEPH GILL 503 WATER STREET WAKEFIELD MASSACHUSETTS 01880			
20. MEMBER REQUESTS COPY 8 BE SENT TO (Specify state/locality) MA OFFICE OF VETERANS AFFAIRS		X	YES	NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		X	YES	NO	
21a. MEMBER SIGNATURE ESTIGNED BY: GILL, SEAN, MICHAEL. 127886 9446	b. DATE (YYYYMMDD) 20171213	22. a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESTIGNED BY: MARTIN, QUIANA, REC. 1255342548 QUIANA R MARTIN, GS11, HR SUPERVISOR		b. DATE (YYYYMMDD) 20171213	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE			30. MEMBER REQUESTS COPY 4 (Initials) SMG