

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>Haas</b>	FIRST NAME <b>Robert</b>	INITIAL <b>P</b>		
	PROPERTY OWNER'S LAST NAME <b>Haas</b>	FIRST NAME <b>Phyllis</b>	INITIAL <b>A</b>		
	MAILING ADDRESS <b>PO Box 334</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>30 Folly Mill Road</b>				
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>g</b>		BLOCK #	LOT # <b>164</b>	
	<b>VETERANS' TAX CREDIT</b>			<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 _____			
	<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"/>
	<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	\$ _____	\$ _____	65 - 74 years of age	\$ _____	
Married	\$ _____	\$ _____	75 - 79 years of age	\$ _____	
<b>Asset Limits</b>			80 + years of age	\$ _____	
Single	\$ _____	\$ _____			
Married	\$ _____	\$ _____			
<b>OTHER EXEMPTIONS</b>			<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"/>	
<b>Elderly &amp; Disabled Tax Deferral</b>			<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 <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 COMMENTS/ NOTES</b>	Municipal Comments/Notes				
<b>STEP 4 SIGNATURES</b>	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date		
	, Chairman				
<b>APPEAL PROCEDURE</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/BLOCK/LOT

all set

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

6/11/2023

Town of Seabrook Assessor's Office

OWNER AND APPLICANT INFORMATION

STEP 1  
OWNER  
AND  
APPLICANT  
NAME  
AND  
ADDRESS

OWNER: Robert + Phyllis Haas

APPLICANT'S LAST NAME: Haas APPLICANT'S FIRST NAME: Robert MI: P PHONE NUMBER:

APPLICANT'S LAST NAME: Haas APPLICANT'S FIRST NAME: Phyllis MI: A. PHONE NUMBER:

MAILING ADDRESS: P.O. Box 334

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

PROPERTY ADDRESS: 30 Folly Mill Rd. TAX MAP: 9 BLOCK: 164 LOT:

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: Robert P. Haas Dates of Military Service: Enter (MMDDYYYY)  4. Date of Entry: 10-12-1960 5. Date of Discharge/Release (if applicable): 12-10-1960

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  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)

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.

Robert P. Haas SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 10-11-2023

Phyllis A. Haas SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 10-11-2023

TAX MAP | BLOCK | LOT

all set 2024

474-5025

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: Robert P. Haas

Address of Applicant's Principal Place of Abode: 30 Holly Mill Rd.

Map and Lot Number of Applicant's Principal Place of Abode: 9-164

Date of Original Application to Municipality: 10-11-2003

**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) 10-12-1960 - 12-10-1960

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

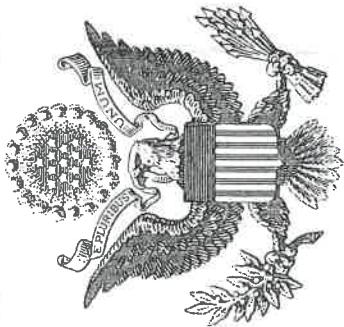
<sup>1</sup> Revised September, 2006  
veteransworksheets\Inst

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

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>HANS ROBERT PAUL</b>		2. SERVICE NUMBER <b>BR 11 372 897</b>		3. GRADE, RATE OR RANK <b>PVT (P) E-2</b>		4. DATE OF BIRTH (Day, Month, Year) <b>21 AUG 60</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY USAR INF</b>		5. PLACE OF BIRTH (City and State or Country) <b>WORCESTER MASS</b>			6. DATE OF BIRTH DAY MONTH YEAR <b>11 OCT 37</b>				
	7. RACE <b>CAU</b>	8. SEX <b>MALE</b>	9. COLOR HAIR <b>BLOOD</b>	10. COLOR EYES <b>BROWN</b>	11. HEIGHT <b>6'</b>	12. WEIGHT <b>155</b>	13. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. MARITAL STATUS <b>SINGLE</b>	
15. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>4 YRS BS</b>		16. MAJOR COURSE OR FIELD <b>ACAD</b>								
TRANSFER OR DISCHARGE DATA	17. TYPE OF TRANSFER OR DISCHARGE <b>REL TO USAR</b>				18. STATION OR INSTALLATION AT WHICH EFFECTED <b>FT DIX NJ</b>					
	19. REASON AND AUTHORITY <b>AR 140-220 &amp; AR 635-200 SPM 201 EXPIRATION OF TERM OF SERVICE</b>					20. EFFECTIVE DATE DAY MONTH YEAR <b>10 DEC 60</b>				
SELECTIVE SERVICE DATA	21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>CO D SP T R FT DIX NJ</b>			22. CHARACTER OF SERVICE <b>HONORABLE</b>			23. TYPE OF CERTIFICATE ISSUED <b>NONE</b>			
	24. SELECTIVE SERVICE NUMBER <b>19 161 37 91</b>		25. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>161 WORCESTER MASS</b>				26. DATE INDUCTED DAY MONTH YEAR <b>NA</b>			
	27. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED <b>REVERT USAR XIII USAC</b>									
SERVICE DATA	28. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR <b>20 APR 66</b>		29. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER: <b>ORDERED TO ACQUITA</b>			30. TERM OF SERVICE (Years) <b>NA</b>		31. DATE OF ENTRY DAY MONTH YEAR <b>12 JUN 60</b>		
	32. PRIOR REGULAR ENLISTMENTS <b>NA</b>		33. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>E-1</b>		34. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>WORCESTER MASS</b>					
	35. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>21 LOREZ ST</b>				36. STATEMENT OF SERVICE			37. YEARS MONTHS DAYS		
	38. SPECIALTY NUMBER AND TITLE <b>006.0 BASIC TRAINING</b>		39. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER <b>NA</b>			36. CREDITABLE PURPOSES (1) NET SERVICE THIS PERIOD <b>0 5 29</b>		37. (2) TOTAL (Line (1) + line (2)) <b>0 7 20</b>		38. b. TOTAL ACTIVE SERVICE <b>0 5 29</b>
	40. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NA</b>		41. FOREIGN AND/OR SEA SERVICE <b>0 0 0</b>							
	42. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>NA</b>									
	43. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED				44. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED					
45. SCHOOL OR COURSE		46. DATES (From - To)		47. MAJOR COURSES						
<b>NA</b>		<b>NA</b>		<b>NA</b>		<b>NA</b>				
VA DATA	48. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				49. AMOUNT OF ALLOTMENT <b>NA</b>		50. MONTH ALLOTMENT DISCONTINUED <b>NA</b>			
	51. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>NA</b>				52. VA CLAIM NUMBER <b>NA</b>					
AUTHENTICATION	53. REMARKS <b>BLOOD GROUP A 6 MOS ACQUITA DEAN: 017 30 0136 LUMP SUM PAYMENT MADE FOR 0 DAYS ACCRUED LEAVE</b>									
	54. PRESENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, City, County and State) <b>1111 11th St</b>				55. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <b>Robert P. Hans</b>					
	56. TYPER NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>R F KIRBY R/IT ACC ASST ADJ</b>				57. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>R F Kirby</b>					



# Honorable Discharge



from the Armed Forces of the United States of America

*This is to certify that*

HAAS ROBERT P      ER11372897      SP4      USAR

*was Honorably Discharged from the*

# Army of the United States

on the 20th day of APRIL 1966 *This certificate is awarded*

*as a testimonial of Honest and Faithful Service*

*C. L. Wilson, Jr.*

C. L. WILSON, JR.  
Lt Col, AGC

RECEIVED

OCT 11 2023

Twin of Seabrook  
Assessor's Office