

**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 Haughton Jr	FIRST NAME John	INITIAL M
	PROPERTY OWNER'S LAST NAME Haughton	FIRST NAME Kristin	INITIAL
	MAILING ADDRESS 2 Woodland Ave		
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 2 Woodland Ave		

STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # g		BLOCK #	LOT # 17	
	VETERANS' TAX CREDIT				
	<i>Granted/Denied Date</i>				
	<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				
	<i>Granted Denied Date</i>				
<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					
<i>Granted Denied Date</i>					
<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					
<i>Granted Denied</i>					
<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
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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 .
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PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BL/CK/LOT

JUN - 5 2023

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER
AND
APPLICANT
NAME
AND
ADDRESS

OWNER AND APPLICANT INFORMATION

If required, is a PA-33 on file?
 YES NO
 Town of Seabrook Assessor's Office

OWNER: John m Haughton Jr + Kristin Haughton

APPLICANT'S LAST NAME: HAUGHTON APPLICANT'S FIRST NAME: JOHN JR MI: M

APPLICANT'S LAST NAME: HAUGHTON APPLICANT'S FIRST NAME: JOHN JR MI: M PHONE NUMBER:

MAILING ADDRESS: 2 Woodland Ave

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

PROPERTY ADDRESS: 2 WOODLAND AV TAX MAP: 9 BLOCK: 17 LOT: 0

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

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: JOHN M HAUGHTON Dates of Military Service Enter (MMDDYYYY):

4. Date of Entry: 1/17/05 5. Date of Discharge/Release (if applicable): 4/30/06

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

6. Name of Allied Country Served in: 7. Branch of Service: USMC

9. Does any other eligible Veteran own interest in this property?
 YES NO If YES, provide name
 YES NO

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

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)

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.

John m Haughton Jr 06-05-2023
 SIGNATURE (IN INK) OF PROPERTY OWNER DATE

SIGNATURE (IN INK) OF PROPERTY OWNER DATE

Reg JC

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: John M Houghton Jr.

Address of Applicant's Principal Place of Abode: 2 Woodland Ave

Map and Lot Number of Applicant's Principal Place of Abode: 9-17

Date of Original Application to Municipality: 6-5-2023

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) 1-17-05 - 4-30-06

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: *Emmana Caruth* 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: _____

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **HAUGHTON John M** 2. DEPARTMENT, COMPONENT AND BRANCH **USMC-11** 3. SOCIAL SECURITY NUMBER [REDACTED]

4a. GRADE, RATE OR RANK **LCPL** b. PAY GRADE **E-3** 5. DATE OF BIRTH (YYYYMMDD) **19850924** 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) **20130801**

7a. PLACE OF ENTRY INTO ACTIVE DUTY **Portland, ME MEPS
Portland, ME 04101-3403** b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **2 Woodland Ave
Seabrook, NH 03874-0000**

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **MCDDET Fort Leonard Wood MO 65473** b. STATION WHERE SEPARATED **MCDDET Fort Leonard Wood MO (54063)**

9. COMMAND TO WHICH TRANSFERRED **N/A** 10. SGLI COVERAGE NONE AMOUNT: \$ 400,000

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.) 9971- General Services Marine 01 yrs/03 mos	12. RECORD OF SERVICE			
	a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
	2005	01	17	
	b. SEPARATION DATE THIS PERIOD	2006	04	30
	c. NET ACTIVE SERVICE THIS PERIOD	01	03	13
	d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
	e. TOTAL PRIOR INACTIVE SERVICE	00	02	16
	f. FOREIGN SERVICE	00	00	00
g. SEA SERVICE	00	00	00	
h. EFFECTIVE DATE OF PAY GRADE	2006	03	01	

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JUN - 5 2023

Town of Seabrook

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
**Rifle Marksmen Badge
National Defense Service Medal**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
**Recruit Training Male, 13 wks, 04/05
Martial Arts Training/Tan Belt, 01 wks, 04/05
Marine Combat Training, 03 wks, 06/05**

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO
 b. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO

16. DAYS ACCRUED LEAVE PAID 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION YES NO

18. REMARKS
**Good Conduct Medal Period Commences: 20050118
Total MGB withheld to date: \$1200
SNM NOT AVAILABLE FOR SIGNATURE**

SER: 54063-2006-2011
**PAID DISABILITY/SEVERANCE PAY \$3002.20 ON 20060430.COMP:\$1501.20*
1YRS*2 FINANCE OFFICER, BY: [Signature] DSSN:6102**

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)
**2 Woodland Ave
Seabrook, NH 03874-0000**

b. NEAREST RELATIVE (Name and address - Include ZIP Code)
**Annie Haughton (Mother)
Same as block 19a**

20. MEMBER REQUESTS COPY 6 BE SENT TO **NH** DIRECTOR OF VETERANS AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED **SEE REMARKS** 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
T. P. VILLANUEVA JR, GYSGT, PERSCHF, USMC

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION **Discharged** 24. CHARACTER OF SERVICE (Include upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **MARCORSEPMAN PAR 8401** 26. SEPARATION CODE **JFL1** 27. REENTRY CODE **RE-3P**

28. NARRATIVE REASON FOR SEPARATION **DISABILITY WITH SEVERENCE**

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) **None** 30. MEMBER REQUESTS COPY 4 (Initials)

**CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME <i>(Last, First, Middle)</i> HAUGHTON John M	2. DEPARTMENT, COMPONENT AND BRANCH USMC-11	3. SOCIAL SECURITY NUMBER <i>(Also, Service Number if applicable)</i> [REDACTED] [REDACTED] [REDACTED]
4. MAILING ADDRESS <i>(Include ZIP Code)</i> 2 Woodland Ave Seabrook, NH 03874-0000		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
5.	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: 2006 04 30 19851108 <div style="text-align: right;"> <p>RECEIVED</p> <p>JUN - 5 2023</p> <p>Town of Seabrook Assessor's Office</p> </div> Serial Number: 54804-2006-2062

6. DATE <i>(YYYYMMDD)</i> 20061013	7. OFFICIAL AUTHORIZED TO SIGN			d. SIGNATURE <i>A J Cleveland</i>
	a. TYPED NAME <i>(Last, First, Middle Initial)</i> CLEVELAND, Adrienne J.	b. GRADE GS-11	c. TITLE Head, MMSB-12, HQMC	