

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 Saviano	FIRST NAME David	INITIAL C	
	PROPERTY OWNER'S LAST NAME	FIRST NAME	INITIAL	
	MAILING ADDRESS 46 Suncook St			
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874	
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 46 Suncook St				
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 21	BLOCK #	LOT # 46	
	VETERANS' TAX CREDIT			Granted/Denied Date
	<input checked="" type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ 750	<input checked="" type="checkbox"/>	
	<input type="checkbox"/> Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<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"/> Review Discharge Papers (ei: Form DD214), Form # _____			
	<input type="checkbox"/> Other Information _____			
	VETERANS' EXEMPTION			Granted Denied Date
	<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			Granted Denied Date	
<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			Granted Denied	
<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			
	, Vice-Chairman			
	, Clerk			
APPEAL PROCE- DURE	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

RECEIVED
DEC 19 2023

OWNER AND APPLICANT INFORMATION

STEP 1
OWNER AND APPLICANT NAME AND ADDRESS

OWNER

APPLICANT'S LAST NAME: Rosemary + David Saviano

APPLICANT'S LAST NAME: Saviano

APPLICANT'S FIRST NAME: David

MI: C.

PHONE NUMBER

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MI

PHONE NUMBER

MAILING ADDRESS

46 Suncook St

CITY/TOWN

Seabrook

STATE

NH

ZIP CODE

03874

PROPERTY ADDRESS

TAX MAP

21

BLOCK

LOT

46

IS THIS YOUR PRIMARY RESIDENCE? YES NO

Town of Seabrook
Assessor's Office

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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

David C. Saviano

Dates of Military Service Enter (MMDDYYYY)

4. Date of Entry

7-3-1970

5. Date of Discharge/Release

11-9-70

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

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)

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

- Blind Exemption (RSA 72:37)
- Deaf Exemption (RSA 72:38-b)
- Disabled Exemption (RSA 72:37-b)
- Electric Energy Storage Systems Exemption (RSA 72:85)
- Solar Energy Systems Exemption (RSA 72:62)
- Wind-Powered Energy Systems Exemption (RSA 72:66)
- Woodheating Energy Systems Exemption (RSA 72:70)

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

[Signature]
SIGNATURE (IN INK) OF PROPERTY OWNER

12-18-2023
DATE

SIGNATURE (IN INK) OF PROPERTY OWNER

12-18-2023
DATE

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: David C. Saviano

Address of Applicant's Principal Place of Abode: 46 Suncook St.

Map and Lot Number of Applicant's Principal Place of Abode: 21-46

Date of Original Application to Municipality: 12-19-23

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) 7-3-1970 - 11-9-1970

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: *Barbara 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)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\Inst

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME SAVIANO, DAVID CHARLES			2. SERVICE NUMBER ME 014 42 9817			3. SOCIAL SECURITY NUMBER 014 12 9817					
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-ARNG INF			5a. GRADE, RATE OR RANK PVT E-2 (P)		5b. PAY GRADE NA	6. DATE OF RANK 25 JUN 70		7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	8. PLACE OF BIRTH (City and State or Country) Somerville, Massachusetts			9. DATE OF BIRTH 21 DEC 50		10. SELECTIVE SERVICE NUMBER 19 99 50 740			11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB# 99 Billerica, Massachusetts			
	12a. TYPE OF TRANSFER OR DISCHARGE Rel to ARNG of MASSACHUSETTS, 02215			13. STATION OR INSTALLATION AT WHICH EFFECTED SSATC INF, Fort Polk, Louisiana						14. REASON AND AUTHORITY AR 635-200 SPN 764		
TRANSFER OR DISCHARGE DATA	12b. LAST DUTY ASSIGNMENT AND MAJOR COMMAND OO H, 4TH BN, 3RD APT BDE			13a. CHARACTER OF SERVICE HONORABLE			14. TYPE OF CERTIFICATE ISSUED NONE			15. REENLISTMENT CODE NA		
	16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION 24 Feb 76			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (Under Enlistment) <input type="checkbox"/> ENLISTED (Under Order) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER Ordered to ACQUIRA			18. DATE OF ENTRY 3 Jul 70			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-2		
	20. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE 15 Pennel Dr. Billerica, Massachusetts 01821			21. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Lowell, Massachusetts						22. STATEMENT OF SERVICE		
	23. SPECIALTY NUMBER & TITLE 11B10 LT WEBS INDRM NA			24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED SS N-16 Rifle			25. EDUCATION AND TRAINING COMPLETED CBE ENG 2X-114 Code of Conduct MI Justice			26. NON-PAY PERIODS TIME LOST (Preceding Two Years) NA		
VA AND EMP SERVICE DATA	27a. DAYS ACCRUED LEAVE PAID NA			27b. INSURANCE IN FORCE (MBSI or USGLI) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			28. AMOUNT OF ALLOTMENT \$2.00			29. MONTH ALLOTMENT DISCONTINUED Nov. 70		
	29. VA CLAIM NUMBER NA			30. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> NONE \$15,000						31. REMARKS 12 YRS CIV EDUCATION; Blood Group: O+ Rel fr ACQUIRA and rtn to state control as a member of the ARNG of MASSACHUSETTS to complete rem svc obl of 5 years, 3 months.		
AUTHENTICATION	32. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM #21						33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>David Saviano</i>					
	34. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER W.F. BOLOGNA, 2LT AGC, Asst AG						35. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>W.F. Bologna</i>					

RECEIVED

DEC 19 2023

Town of Seabrook
Personnel Office

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
 NATIONAL GUARD BUREAU
 REPORT OF SEPARATION AND RECORD OF SERVICE IN THE 1 ARMY NATIONAL GUARD OF MASSACHUSETTS
 AND AS A RESERVE OF THE 2 ARMY
 TYPE OF DISCHARGE HONORABLE
(No erasures or alterations in this entry valid)

1. NAME (Last, first, middle initial) SAVIANO, DAVID CHARLES			2. SERVICE NO 014-42-9817		3. GRADE PVT E-2	4. ARM OR SERVICE AR OR		5. TERM OF ENLISTMENT SIX (6) YEARS	
6. ORGANIZATION Trp A 1st Sqdn 26th CA HOME STATION Reading, Ma.				7. DATE OF DISCHARGE 24 Feb 76		8. PLACE OF DISCHARGE NG Armory Reading, Ma.			
9. PERMANENT ADDRESS FOR MAILING PURPOSES 67 Staveley St. Lowell, Ma.				10. DATE OF BIRTH 21 Dec 50		11. PLACE OF BIRTH Somerville, Mass.			
12. CIVILIAN OCCUPATION (Include name and address of present employer, or if unemployed, the last employer) Student									
13. RACE			14. MARITAL STATUS			15. U.S. CITIZEN			
WHITE <input checked="" type="checkbox"/>	NEGRO	OTHER (Specify)	SINGLE	MARRIED <input checked="" type="checkbox"/>	OTHER (Specify)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
16. COLOR EYES Brown		17. COLOR HAIR Blond		18. HEIGHT 5 FT 9 IN		19. WEIGHT 177 LBS		20. NO DEPENDENTS 1	
MILITARY HISTORY									
21. DATE AND PLACE OF ENLISTMENT 25 Feb 70 NG Armory Lowell, Ma.					22. MILITARY OCCUPATIONAL SPECIALTY AND NUMBER 11B1 O Light Arms Inf.				
23. MILITARY QUALIFICATION AND DATE (i.e. Infantry, Aviation, Marksmanship Badge, etc) Rifle M-16 Marksman 16 March 74 Pistol Cal 45 Sharpshooter 09 Sept 72 NG M-60 Second Class 10 Sept 72									
24. DECORATIONS, CITATIONS, MEDALS, BADGES, COMMENDATIONS, AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (This period of service) Appropriate bars and badges for small arms qualifications									
25. PRIOR SERVICE (Branch of service, inclusive dates, and primary duty with MOS) NO PRIOR SERVICE									
26. LENGTH THIS SERVICE			27. TOTAL SERVICE FOR PAY PURPOSES			28. EDUCATION (Years)			29. HIGHEST GRADE HELD
YEARS 6	MONTHS 0	DAYS 0	YEARS 6	MONTHS 0	DAYS 0	GRAMMAR 8	HIGH SCH 4	COLLEGE	Sp4-E4
30. SERVICE SCHOOLS ATTENDED AND DATES NONE									
31. REASON AND AUTHORITY FOR DISCHARGE Expiration Term of Service Para 2 SO 11 Hq 1st Sqdn 26th CAV dtd 23 Feb 76									
32. REMARKS (This space for completion of above items or entry of other items specified in NG directive) Hon Disch Certificate NGB Form 55 and Report of Separation mailed to E concerned by unit CO at last known address. Six months training from 03 July 70 to 09 Nov 70									
33. SIGNATURE OF PERSON BEING DISCHARGED (Full name) EM NOT AVAILABLE FOR SIGNATURE					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN (Type name, grade and organization) ARTHUR [Signature]				

RECEIVED
OCT 18 1976
TAGO MASS.