

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>Campbell II</b>		FIRST NAME <b>Ronald</b>	INITIAL <b>L</b>		
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL		
	MAILING ADDRESS <b>11 Quaker Lane</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>11 Quaker Lane</b>					
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>10</b>		BLOCK # <b>100</b>	LOT # <b>13</b>		
	<b>VETERANS' TAX CREDIT</b>					
	<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 \$ _____	<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 \$ _____	<input type="checkbox"/> <input type="checkbox"/>	<u>      </u>	
	<input type="checkbox"/> Review Discharge Papers (ei: Form DD214), Form # _____					
	<input type="checkbox"/> Other Information _____					
	<b>VETERANS' EXEMPTION</b>					
	<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>	<b>Disabled Exemption</b>	<b>Elderly Exemption</b>	<b>Elderly Exemption Per Age Category</b>			
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>				<b>Granted</b>	<b>Denied</b>	<b>Date</b>
<input type="checkbox"/> Elderly Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<input type="checkbox"/> Disabled Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<input type="checkbox"/> Improvements to Assist the Deaf	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<input type="checkbox"/> Blind Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<input type="checkbox"/> Deaf Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<input type="checkbox"/> Solar Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<input type="checkbox"/> Woodheating Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<input type="checkbox"/> Wind-Powered Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>	
<b>Elderly &amp; Disabled Tax Deferral</b>		Amount \$ _____	<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>Theresa Kyle, Chairman</b>					
	<b>Srinivasan Ravikumar</b>					
	<b>Harold Eaton</b>					
<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/BL OCK/LOT

RECEIVED

JAN 30 2024

Town of Seabrook  
Assessor's Office

**STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER: Ron Campbell If required, is a PA-33 on file?  YES  NO

APPLICANT'S LAST NAME: Campbell APPLICANT'S FIRST NAME: Ronald MI: L PHONE NUMBER: 603 509 9469

APPLICANT'S LAST NAME: \_\_\_\_\_ APPLICANT'S FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: 11 Quaker Lane

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

PROPERTY ADDRESS: \_\_\_\_\_ TAX MAP: 10 BLOCK: 100 LOT: 13

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

**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: Ronald L. Campbell II Dates of Military Service Enter (MMDDYYYY): \_\_\_\_\_ 4. Date of Entry: 8-30-1988 5. Date of Discharge/Release: 2-3-1997

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

**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)**

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.

Ronald L Campbell 1-30-2024  
 SIGNATURE (IN INK) OF PROPERTY OWNER DATE

\_\_\_\_\_  
 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: Ronald Lee Campbell II

Address of Applicant's Principal Place of Abode: 11 Quaker Lane

Map and Lot Number of Applicant's Principal Place of Abode: 10-100-13

Date of Original Application to Municipality: 1-30-2024

**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) 8-30-1988 - 2-3-1997

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 Comins* 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

10-100-93

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 915837

1. NAME (Last, First, Middle) CAMPBELL, RONALD LEE II		2. DEPARTMENT, COMPONENT AND BRANCH NAVY USN		3. SOCIAL SECURITY NO. 0200 00 8000	
4.a. GRADE, RATE OR RANK EM1	4.b. PAY GRADE E-6	5. DATE OF BIRTH (YYMMDD) 67JUN19		6. RESERVE OBLIG. TERM. DATE Year NA Month Day	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY CLEVELAND, OH			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 204 FOREST AVE PEMBERVILLE, OH 43450		
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NPTU BALLSTON SPA NY			8.b. STATION WHERE SEPARATED PERSUPPDET SCOTIA NY		

9. COMMAND TO WHICH TRANSFERRED NA			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000		
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.) EM-3364-SUBMARINE NUCLEAR PROPULSION PLANT SUPERVISOR-ELECTRICAL (05 YRS 03 MOS)			12. RECORD OF SERVICE		
X	X	X	Year(s)	Month(s)	Day(s)
X	X	X	a. Date Entered AD This Period	88	AUG 30
X	X	X	b. Separation Date This Period	97	FEB 03
X	X	X	c. Net Active Service This Period	08	05 04
X	X	X	d. Total Prior Active Service	02	08 27
			e. Total Prior Inactive Service	00	00 00
			f. Foreign Service	00	00 00
			g. Sea Service	04	05 06
			h. Effective Date of Pay Grade	91	DEC 16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL; NAVY ACHIEVEMENT MEDAL; THIRD NAVY GOOD CONDUCT FOR THE PERIOD ENDING 96DEC.					
X	X	X	X	X	X

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) SUBMARINE REPAIR PARTS PETTY OFFICER, 1 WK, 88DEC; CONT/DIST, 2 WKS, 90DEC; SUB POWER GEN EQ, 1 WK, 92FEB.					
X	X	X	X	X	X

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID
		XX		XX		

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 CONTANIED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH 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."

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Town of Seabrook Assessor's Office

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 3165 LIMERICK ROAD CLYDE, SANDUSKY OH 43410		19.b. NEAREST RELATIVE (Name and address - include Zip Code) RON CAMPBELL (FATHER) 3165 LIMERICK ROAD CLYDE, OH 43410	
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20. MEMBER REQUESTS COPY 6 BE SENT TO <u>OH</u> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	21. SIGNATURE OF MEMBER BEING SEPARATED <i>R Campbell</i>	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) W B ZELNER PNI(SW/AW) USN CSD DIVOFF BYDIR
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23. TYPE OF SEPARATION DISCHARGED	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILPERSMAN 3620150	26. SEPARATION CODE KBK	27. REENTRY CODE RE-R1
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		