

**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:

<b>STEP 1 NAME AND ADDRESS</b>	PROPERTY OWNER'S LAST NAME <b>Hughes</b>		FIRST NAME <b>Patricia</b>	INITIAL <b>M</b>				
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL				
	MAILING ADDRESS <b>27 Tricia St</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>27 Tricia St</b>							
<b>STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL</b>	CITY/TOWN TAX MAP # <b>14</b>		BLOCK # <b>6</b>	LOT # <b>143</b>				
	<b>VETERANS' TAX CREDIT</b>							
	Granted/Denied Date							
	<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"/>		
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$ _____	<input type="checkbox"/>	<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"/>		
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # _____						
	<input type="checkbox"/>	Other Information _____						
	<b>VETERANS' EXEMPTION</b>							
	Granted Denied Date							
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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>								
Granted Denied Date								
<input type="checkbox"/>	Elderly Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disabled Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Blind Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Deaf Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Elderly &amp; Disabled Tax Deferral</b>								
Granted Denied								
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	
	<i>Srinivasan Ravikumar</i> , Chairman		<i>[Signature]</i>					
	<i>Harold Eaton</i> , Vice Chairman		<i>[Signature]</i>					
	<i>Theresa Kyle</i> , Clerk		<i>[Signature]</i>					
<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

S.S.

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

1-02-2023

**STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER AND APPLICANT INFORMATION

OWNER: Patricia Hughes Revoc Trust

APPLICANT'S LAST NAME: Hughes APPLICANT'S FIRST NAME: Patricia MI: M. PHONE NUMBER: \_\_\_\_\_

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

MAILING ADDRESS: 27 Micia St

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

PROPERTY ADDRESS: 27 Micia St. TAX MAP: 14 BLOCK: 6 LOT: 143

IS THIS YOUR PRIMARY RESIDENCE?  YES  NO

PROPERTY OWNER NAME

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: Donald Thomas Hughes SR Dates of Military Service: Enter (MMDDYYYY) \_\_\_\_\_

4. Date of Entry: 12-28-51 5. Date of Discharge/Release: 4-3-1957

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

6. Name of Allied Country Served in: Korea 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**

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.

Patricia Hughes SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 12-20-23

\_\_\_\_\_  
SIGNATURE (IN INK) OF PROPERTY OWNER DATE: \_\_\_\_\_

TAX MAP | BLOCK | LOT

702-205-5011

S.S.



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: Patricia Hughes (Donald T. Hughes SR)  
Address of Applicant's Principal Place of Abode: 27 Tencia St  
Map and Lot Number of Applicant's Principal Place of Abode: 14-6-143  
Date of Original Application to Municipality: Dec. 20, 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) 12-28-51 - 4-3-1955

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: Sandra Camier 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

CHARACTER OF SEPARATION		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		DEPARTMENT	
HONORABLE				U.S. NAVY	
1. LAST NAME - FIRST NAME - MIDDLE NAME		2. SERVICE NUMBER	3. GRADE - RATE - RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS	
HUGHES, Donald Thomas,		751 01 62	PP03 1-1-55	USN-01	
5. QUALIFICATIONS		6. EFFECTIVE DATE OF SEPARATION	7. TYPE OF SEPARATION		
SPECIALTY NUMBER OR SYMBOL RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER		DAY MONTH YEAR	DAY MONTH YEAR		
P-4919-20 7-30-200 Pipe Fitter, Apprentice		23 MAY 55	RD		
8. REASON AND AUTHORITY FOR SEPARATION		9. PLACE OF SEPARATION			
Insufficient Obligated Service		U.S. NAVYCGSTA, NAVBASE, PHILA, PENNA.			
10. DATE OF BIRTH		11. PLACE OF BIRTH (City and State)	12. DESCRIPTION		
DAY MONTH YEAR		SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT			
28 MAY 34		Washington, D.C.	Male Cau Brown Blue 64 111		
13. REGISTERED		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)		15. INDUCTED	
YES NO				DAY MONTH YEAR	
XX					
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT		18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE			
COMPONENT AND BRANCH OR CLASS		COAST GUARD DISTRICT OR AREA COMMAND			
XX		USN-01			
17. MEANS OF ENTRY OTHER THAN BY INDUCTION		18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE			
<input type="checkbox"/> ENLISTED <input type="checkbox"/> REINSTATED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY		SR			
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)			
DAY MONTH YEAR PLACE (City and State)		Phila, Penna.			
28 DEC 51 Phila, Penna.					
STATEMENT OF SERVICE FOR PAY PURPOSES		A. YEARS B. MONTHS C. DAYS		21. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT IF ANY	
21. NET (NAVAL) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD		00 00 00		DAY MONTH YEAR AMOUNT	
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD		03 04 06			
23. OTHER SERVICE (Act of 16 June 1928 as amended) COMPLETED FOR PAY PURPOSES		00 00 00		28. FOREIGN AND/OR SEA SERVICE	
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES		03 04 06		YEARS MONTHS DAYS	
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		03 04 06		03 00 00	
NATIONAL DEFENSE SERVICE MEDAL GOOD CONDUCT MEDAL KOREAN SERVICE MEDAL UNITED NATIONS SERVICE MEDAL NAVY OCCUPATION SERVICE MEDAL (B)					
28. MOST SIGNIFICANT DUTY ASSIGNMENT		29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)			
U.S.S. FRANKLIN D. ROOSEVELT (CV-42)					
30. SCHOOLS OR COLLEGES ATTENDED TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED		DATES (From-To)		MAJOR COURSES	
				31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED	
				MTC PP3 & 2	
GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver - premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 3-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.					
32A. KIND & AMT. OF INSURANCE & MONTHLY PREMIUM		32B. ACTIVE SERVICE PRIOR TO 26 APR. 1951	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
35. TOTAL PAYMENT UPON SEPARATION		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER		
251.45		I.I	R.P. CASCIONE 10DE SWYRN		
38. REMARKS (Continue on reverse)		39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			
Transferred to USNR-RV in accordance with UNT&S Act as amended and concurrently released to inactive duty. Obligated to serve in the U.S. Naval Reserve until 27 December 1979, unless discharged sooner by competent authority. Auth: Bakers Instruction 1910.5B		C. GIDRITES, CHSCLX, USN ASST PERSONNEL OFFICER			
40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)		CLAIM NUMBER			
COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.					
41. DATES OF LAST CIVILIAN EMPLOYMENT	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER			
FROM TO	Student				
44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed)		MAJOR COURSE OR FIELD	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Single	GRAM-MAR HIGH SCHOOL COL-LEGE DEGREE(S)			
	08 03 00				
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State)		48. SIGNATURE OF PERSON BEING SEPARATED			
2327 N. 6th Street, Phila, Phila, Penna.		DONALD THOMAS HUGHES			

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V (to be submitted with Form PA-29 or Form PA-30)

RECEIVED

FEB 29 2024

Town of Seabrook Assessor's Office

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE

TYPE OR PRINT

OWNER: Patricia Hughes Revoc Trust
APPLICANT'S LAST NAME: Hughes APPLICANT'S FIRST NAME: Patricia MI: M
MAILING ADDRESS: 27 Tncia St
CITY/TOWN: Seabrook STATE: NH ZIPCODE: 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 27 Tncia St.

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- [X] Grantor/Revocable Trust
[ ] Equitable Title holder or
[ ] Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
(b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
(c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above): Patricia Hughes Revoc Trust.

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

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]
SIGNATURE (IN INK)

PRINT NAME

[Signature] 2-29-24
DATE

X

SIGNATURE (IN INK)

PRINT NAME

DATE

A702-205-5011
TELEPHONE NUMBER

Table with 2 columns: WHO MUST FILE, WHEN TO FILE. Contains instructions for filing the form.