FORM PA-35

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

| edivber | errai is cialmed: | | | | | | |
|------------|---|--|-----------------|---------------------|--------------------------------|----------------------------|--|
| TEP 1 | Algren | R'S LAST NAME | | FIRST NAME David | | INITIAL M | |
| AME ND | PROPERTY OWNER | R'S LAST NAME | | FIRST NAME | | INITIAL | |
| DDRES | . I. | | | | | | |
| | MAILING ADDRESS | | | | | | |
| | | te Road Unit 57 | | | STATE | 710.0005 | |
| | CITY/TOWN Seabrook | | | | | ZIP CODE 13874 | |
| | | SS FOR WHICH EXEMPTION/CREDI | T/DEFERRAL IS C | | 1411 | 7007 4 | |
| | 57 B St | | | | | | |
| EP 2 | CITY/TOWN TAX MAP # 7 | | | BLOCK# 90 | LOT #. 57 | | |
| EMP- | | | | VETERANS' | TAX CREDIT | Granted/Denied Da | |
| NS/ | ✓ Veterans' Tax Credit \$50 minimum (to \$500) Amount \$ | | | | | | |
| ED- | | nected Total & Permanent Dis | | | | | |
| / | Surviving Sr | oouse/CU Partner of Veteran o Died on Active Duty \$700 r | Who Was | . <i>A</i> | Amount \$ | | |
| FER- L | Killed or Wh | o Died on Active Duty \$700 r harge Papers (ei: Form DD2 | minimum (to \$ | 2000) | | | |
| _ | Other Inform | • | 14), Form # | | | | |
| | Other milom | 100011 | | VETED ANS | EXEMPTION (| Granted Denied Date | |
| | Total Exem | otion (a) | Veteran | p-m-mmq | ving Spouse/CU Partner | TI TI | |
| | IOIAI EXEIII | | | | TION (OPTIONAL) INCOME | AND ASSET LIMITS | |
| | Income Limits | Disabled Exemption | | Exemption | | tion Per Age Category | |
| | | | \$ | Excitibuoti | | | |
| | Single | \$ | | | 65 - 74 years of age | \$ | |
| | Married | \$ | \$ | | 75 - 79 years of age | \$ | |
| | Asset Limits | | | | 80 + years of age | \$ | |
| | Single | \$ | \$ | | | | |
| | Married | \$ | \$ | | | | |
| | Warried | ΙΨ | OTHER EXE | MPTIONS | II G | ranted Denied Date | |
| | Clarks Esse | tian | OTHEREAL | | <u> </u> | Tanted Defiled Date | |
| | Elderly Exe | - | | Amount \$ | - | H H | |
| | | nts to Assist the Deaf | | Amount \$ | | H H | |
| | | Improvements to Assist the Deal | | | | H H | |
| | Blind Exem | Blind Exemption | | | | | |
| | Deaf Exem | ption | | | | | |
| | Solar Energ | gy Systems Exemption | | | | | |
| | | ng Energy Systems Exemption | on | | | | |
| | Wind-Powe | red Energy Systems Exemp | tion | | | | |
| | Elderly & Disabled Tax Deferral | | | | | Granted Denied | |
| | | Disabled Tax Deferral | | Amount \$ | | Olarited Defined | |
| | l | his page must be returned to | the property of | wner after appro | val or denial on or before Jul | , LJ LJ | |
| | 1st following th | e date of Notice of Tax unde | r RSA 72:1-d l | by first class mail | I. (RSA 72:34,IV) | , | |
| 3 | | | Mun | icipal Comments | /Notes | | |
| I- ITS/ | | | | | | | |
| ES | 0.1.1 | (A / . \ D into d Non | | Cianatura | of Selectmen/Assessor(s) in | ink Date | |
| 4 | | nen/Assessor(s) Printed Nan | ne | Signature | of Selectifien/Assessor(s) in | ink Date | |
| A- ES | Srinivasan Ravikumar, Chairman | | | | | | |
| _ | Harold Eaton | | | | | | |
| | Theresa Kyle | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CAI | 16 12 | far a managed to tour constant | | in donied as as | plicant may appeal in waiting | on or hofore Cantamb | |
| EAL CE- | following the dat | for a property tax exemption e of notice of tax under RSA | 72:1-d to the | New Hampshire | Board of Tax and Land App | eals (BTLA) or to the Supe | |
| E | 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.nwistendown.org/ | | | | | | |
| | nh.gov/btla or by | calling (603) 271-2578. Be | sure to specif | y EXEMPTION A | PPEAL. | occor, their web site at W | |

FORM PA-29 NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

RECEIVED

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

| | OWNER A | ND APPLICANT INFORMATION |
|-----------------------|---|---|
| STEP 1 OWNER | OWNER | If required, is a PA-33 on file? |
| AND | David Milton Algren | YES ONO |
| APPLICANT NAME | APPLICANT'S LAST NAME | APPLICANT'S FIRST NAME MI PHONE NUMBER OF THE |
| AND ADDRESS | Algren | David m. |
| ADDIVEGO | APPLICANT'S LAST NAME | APPLICANT'S FIRST NAME MI PHONE NUMBER |
| | | |
| | MAILING ADDRESS | |
| | 944 Latayette Rd #57 | |
| | Stabreat | STATE ZIP CODE |
| | PROPERTY ADDRESS | TAX MAP BLOCK LOT |
| | 57 B St. | 7 90 57 |
| | IS THIS YOUR PRIMARY RESIDENCE? YES | NO |
| | VE | TERÁN'S INFORMATION |
| STEP 2 | 1. APPLICANT IS THE: 2. APPLYING FOR: | CLIVING INDOMESTICAL |
| VETERANS' TAX CREDITS | | |
| AND | | it (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) |
| EXEMPTION | | redit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750) |
| | | ce-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000) |
| | Tax Credit for Survi | ving Spouse (RSA 72:29-a "of any person who was killed or died while on active duty") |
| | Tax Credit for Com | cat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500) |
| | Certain Disabled Ve | eterans (Exemption) (RSA 72:36-a) |
| | 3. Veteran's Name | litary Service 4. Date of Entry 5. Date of Discharge/Release (if applicable) |
| | | MDDYYYY) 3-31-1978 3-7-1980 |
| | IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) | |
| | 6. Name of Allied Country Served in 7. Branch of | Service |
| | AIR F | |
| | 9. Does any other eligible Veteran own interest in this p | |
| | YES NO If YES, provide name | US Citizen at time of entry into Service |
| | | Alien but resident of NH at time of entry into Service |
| | | ANDARD EXEMPTIONS |
| STEP 3 EXEMPTIONS | | or before April 1 of year for which exemption is claimed) (RSA 72:39-a) |
| EXEMI HONO | (Enter numbers only MMDDYYYY) 10a. Applicant's | Date of Birth 10b. Spouse's Date of Birth |
| | 11. Improvements to Assist Persons with Disabilities | s (RSA 72:37-a) |
| | 12. Blind Exemption (RSA 72:37) | |
| | LOCAL OPTION | AL 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 Er | nergy Storage Systems Exemption (RSA 72:87) |
| STEP 4 | 14. NH Resident for One Year preceding April 1 in th | e year in which the tax credit is claimed (Veterans' Tax Credit) |
| RESIDENCY | 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 preced | ing April 1 in the year the exemption is claimed (Elderly Exemption) |
| | | |
| STEP 5 OWNERSHIP | 15. Do you own 100% interest in this residence? | es No If NO, what percent (%) do you own? |
| | Under negalties of perium. I declare that I have examined | this document and to the best of my belief the information herein is true, correct |
| STEP 6 SIGNATURES | and complete. | a mis assument and to the best of my belief the information nerein is true, correct |
| | | |
| | SIGNATURE (IN INK) OF PROPERTY OWNER | PATE |
| _ | A (1) 1 a 1 | |
| 1 | SIGNATURE (IN INK) OF PROPERTY ON WER | 3-25-724 |

VETERANS' CREDIT QUALIFICATIONS WORKSHEET In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

| name of Municipality: SEABROOK | |
|---|---|
| Jame of Applicant: David M. \$16ren | |
| Address of Applicant's Principal Place of Abode 57 B St. | |
| Map and Lot Number of Applicant's Principal Place of Abode: 7-90-57 | |
| Date of Original Application to Municipality: 37534 | |
| 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) 3-31-78-3-7-1980 | |
| 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 Documentation Reviewed By Sancha Caputa Application Approved by: BOS | |
| | 4.00 |
| Service Connected Total and Permanent Disability (RSA 72:35) | # # |
| The municipality has seen a copy of the letter provided by the United States Departm Affairs certifying that the applicant is rated totally and permanently disabled from set and has approved or denied this application accordingly. | ent of Veterans' vice connection |
| Documentation Reviewed By: Application Approved by: | |
| Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty Certain Disabled Veterans (RSA 72:36-a) ¹ | (RSA 72:29-a) or, |
| For 72:29-a: The municipality has seen a copy of the DD214 discharge papers or a 1300, Report of Casualty, or other qualifying discharge papers of the veteran's spout that the veteran, in this case, died or was killed while on active duty in the armed States of America in the wars, conflicts or armed conflicts, or combat zones set forth approved or denied this application accordingly. For 72:36-a: The municipality has seen a letter from the VA certifying that the assistance from the VA in acquiring his residential real estate. | se and has determined forces of the United in RSA 72:28 and has |
| Documentation Reviewed By: Application Approved By: | |

¹ Revised September, 2006 veteransworksheet WInst

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VC

| 10 FORM 214 | PREVIOUS FORM | ARE OBSOLE | | FROM AC | TIVE DU | | | |
|---|--|------------------------------|----------------------------|---|-------------|--------|--------------------------|---------|
| NAME (Last, first, middle) | | | 2. DEPARTME | NT, COMPONENT AND BRANCH | | | AL SECURITY | |
| | LTON | | AIR F | | | 025 | | 8227 |
| GRADE, RATE OR RANK | 4b. PAY GRADE | 5. DATE OF | | 6. PLACE OF ENTRY INTO ACTIVE DE | UIY | | | |
| AM | E-2 | 1958 1 | MAR 30 | HEW HAVEN, CT | | | | |
| LAST DUTY ASSIGNMENT AND MA | JOR COMMAND | | | 8. STATION WHERE SEPARATED | na e | | | |
| 317 CES (MAG) | | | | POPE AFB, NC 283 | | | | |
| COMMAND TO WHICH TRANSFER | RED | | | 1 | 0. SGU COVI | | 50 | NON |
| NA PRIMARY SPECIALTY NUMBER, TITL | F AND YEARS AND | | | 12. RECORD OF SERVICE | YE | AR (s) | MON (8) | DAY (8, |
| MONTHS IN SPECIALTY (Additio | nai specially numbers | and titles | | a. Date Entered AD This Period | 19 | 78 | MAR | 31 |
| involving periods of one or m | ore years) | | | b. Separation Date This Period | 19 | 080 | MAR | 07 |
| 57150, FIRE PROT | ECTION SPECIA | LIST, | | C. Net Active Service This Period | 1 = 0 | 01 | 11 | 07 |
| 1 YE | AR 11 MONTHS | | | d. Total Prior Active Service | | 00 | 00 | 00 |
| | | | | e. Total Prior Inactive Service | THE STREET | 00 | 04 | 21 |
| | | 9 | | f. Foreign Service | | 00 | 00 | 00 |
| | | | | g. Sag Service | 110 | NA | NA | NA |
| | | | | h. Effective Date of Pay Grade | 19 | 79 | MAR | 30 |
| | | | | i. Reserve Oblig. Term. Date | | NA | MA | NA |
| HOME | Title, number weeks, an | d month and | l year comp | eted) | | | I A | |
| NONE MILITARY EDUCATION (Course FIRE PROTECTION | Title, number weeks, an | d month and | l year comp 174 HOU | eted) | | - U | 7. DAYS ACC | _ |
| MONE. 4 MILITARY EDUCATION (Course FIRE PROTECTION 5. MEMBER CONTRIBUTED TO POST VETERANS' EDUCATIONAL ASSIS B. REMARKS | Title, number weeks, an SPECTALIST CC VIETNAM ERA TANCE PROGRAM | od month and approximately 2 | Lyear composite 1274 HOU | eted) RS, JUL 77 SCHOOL GRADUATE OR EQUIVALEN YES NO | | 12 | 7. DAYS ACC LEAVE PAI | |
| 4 MILITARY EDUCATION (Course FIRE PROTECTION 5. MEMBER CONTRIBUTED TO POST- VETERANS' EDUCATIONAL ASSIS 6. REMARKS COPY 3; VA DATA | VIETNAM ERA TANCE PROCESSING CE O. BOX 44246 HOME AND HOS | VES ENTER, AS CAPITOL, | 19ear composition 16. HIGH | eted) RS, JUL 77 SCHOOL GRADUATE OR EQUIVALEN YES NO | л А 7080 | 4 | LEAVE PAI | _ |

24. CHARACTER OF SERVICE (Includes upgrades) 23. TYPE OF SEPARATION HONORABLE 26. SEPARATION CODE DISCHARGE 27. REENLISTMENT CODE 25. SEPARATION AUTHORITY JEM AFR 39-10
28. NARRATIVE REASON FOR SEPARATION MARGINAL PERFORMER - ASSIGNED TO ORGANIZATIONAL UNIT
29. DATES OF TIME LOST DURING THIS PERIOD 30. MEMBER REQUESTS COPY 4 INITIALS MONE