

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"

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL		
	Dunn		Francis		J		
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL		
	MAILING ADDRESS						
	235 Lower Collins St						
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN		STATE		ZIP CODE		
	Seabrook		NH		03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED						
	235 Lower Collins St						
	CITY/TOWN TAX MAP # 14		BLOCK # 43		LOT # 400		
STEP 3 COM- MENTS/ NOTES	VETERANS' TAX CREDIT						
	Granted/Denied Date						
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)		Amount \$	750	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000		Amount \$	4,000	<input checked="" 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"/>	
	<input type="checkbox"/>	Other Information				<input type="checkbox"/>	
	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		
	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"/>	Disabled Exemption		Amount \$		<input type="checkbox"/>		
<input type="checkbox"/>	Improvements to Assist the Deaf		Amount \$		<input type="checkbox"/>		
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities		Amount \$		<input type="checkbox"/>		
<input type="checkbox"/>	Blind Exemption		Amount \$		<input type="checkbox"/>		
<input type="checkbox"/>	Deaf Exemption		Amount \$		<input type="checkbox"/>		
<input type="checkbox"/>	Solar Energy Systems Exemption		Amount \$		<input type="checkbox"/>		
<input type="checkbox"/>	Woodheating Energy Systems Exemption		Amount \$		<input type="checkbox"/>		
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption		Amount \$		<input type="checkbox"/>		
Elderly & Disabled Tax Deferral							
Granted Denied							
<input type="checkbox"/>	Elderly and Disabled Tax Deferral		Amount \$		<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 4 SIGNA- TURES	Municipal Comments/Notes						
	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date		
	Harold Eaton, Chairman						
	Theresa Kyle						
	Srinivasan Ravikumar						
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

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATERECEIVED
JUN 11 2024

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS		OWNER AND APPLICANT INFORMATION			
		OWNER		If required, is a PA-3300 file?	
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI
		MAILING ADDRESS		PHONE NUMBER	
		CITY/TOWN		STATE	ZIP CODE
		PROPERTY ADDRESS		TAX MAP	BLOCK
		IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO			
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION		VETERAN'S INFORMATION			
		1. APPLICANT IS THE:		2. APPLYING FOR:	
		<input checked="" type="radio"/> Veteran		<input checked="" type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)	
		<input type="radio"/> Spouse		<input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)	
		<input type="radio"/> Surviving Spouse		<input checked="" type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)	
				<input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")	
				<input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500)	
		3. Veteran's Name			
		Dates of Military Service		4. Date of Entry	
		Enter (MMDDYYYY)		5. Date of Discharge/Release (if applicable)	
		IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)			
		6. Name of Allied Country Served in		7. Branch of Service	
		9. Does any other eligible Veteran own interest in this property?		8. Please Check One.	
		YES NO If YES, provide name		<input checked="" type="radio"/> US Citizen at time of entry into Service	
				<input type="radio"/> Alien but resident of NH at time of entry into Service	
STEP 3 EXEMPTIONS		STANDARD EXEMPTIONS			
		10. <input type="checkbox"/> 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. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)			
		12. <input type="checkbox"/> Blind Exemption (RSA 72:37)			
		LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)			
		13. <input type="checkbox"/> Deaf Exemption (RSA 72:38-b)			
		<input type="checkbox"/> Disabled Exemption (RSA 72:37-b)			
		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)			
		<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)			
		<input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85)			
		<input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)			
		<input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)			
STEP 4 RESIDENCY		14. <input checked="" type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)			
		<input type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed			
		<input type="checkbox"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> 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			
		SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	
		SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	

978-314-4762

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: Francis J. Donn Jr.

Address of Applicant's Principal Place of Abode: 235 Lower Collins St.

Map and Lot Number of Applicant's Principal Place of Abode: 14-43-400

Date of Original Application to Municipality: 12-11-2023

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) 3-12-2011 - 5-1-2023

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: Gemma Camilleri 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: Gemma Camilleri Application Approved by: BOS

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

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) DUNN, FRANCIS JAMES JR		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USNR		3. SOCIAL SECURITY NUMBER [REDACTED]		
4a. GRADE, RATE OR RANK LCDR	b. PAY GRADE O4	5. DATE OF BIRTH (YYYYMMDD) 19870612	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) NA			
7a. PLACE OF ENTRY INTO ACTIVE DUTY BOSTON MA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 8 OLDE COACH ROAD NORTH READING MA 01864				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND VT 3			b. STATION WHERE SEPARATED TSC PENSACOLA			
9. COMMAND TO WHICH TRANSFERRED NA			10. SGLI COVERAGE <input type="checkbox"/> 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.) 8592 FLIGHT INSTRUCTOR, TRAINING PLANES 5YRS 11MOS X X X X X 8501 NAVAL AVIATOR 3YRS 6MOS X X X X X X X X X X X X X X X X X X		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		2011	03	12
		b. SEPARATION DATE THIS PERIOD		2023	05	01
		c. NET ACTIVE SERVICES THIS PERIOD		12	01	20
		d. TOTAL PRIOR ACTIVE SERVICE		00	04	03
		e. TOTAL PRIOR INACTIVE SERVICE		00	00	00
		f. FOREIGN SERVICE		00	00	00
		g. SEA SERVICE		00	00	00
		h. INITIAL ENTRY TRAINING		00	00	00
i. EFFECTIVE DATE OF PAY GRADE		2021	09	01		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NAVY AND MARINE CORPS ACHIEVEMENT MEDAL (1); NAVY AND MARINE CORPS COMMENDATION MEDAL (3); NAVY "E" RIBBON (1); GLOBAL WAR ON TERRORISM SERVICE MEDAL (1); NATIONAL DEFENSE SERVICE MEDAL (1); X X X X		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NAVY REMEDIAL SWIM COURSE, 2 WKS, MAY11; OFFICER CANDIDATE SCHOOL, 18 WKS, JUL11; DIVISION OFF LEADERSHIP COURSE, 1 WKS, AUG11; INT WATER SRVIVL, 1 WKS, OCT11; PREFLIGHT, 7 WKS, NOV11; T-6B JOINT PRIMARY PILOT "SEE REMARKS"				
15a. COMMISSIONED THROUGH SERVICE ACADEMY		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, year of commitment:)		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		
16. DAYS ACCRUED LEAVE PAID NONE	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
18. REMARKS SERIAL NUMBER: N2023050100003-0; TRANSACTION CODE: A; SERVICE MEMBER POST SEPARATION PHONE NUMBER: 978-314-4762; SERVICE MEMBER POST SEPARATION EMAIL ADDRESS: DUN11808@GMAIL.COM; X BLK 14 CONT: CH-1, 36 WKS, JUL12; ADVANCED E6 MPTS, 30 WKS, FEB13; SURV EVASION RESIST & ESCAPE, 2 WKS, MAR13; E-6 FLT REPL PILOT CAT I, 25 WKS, JUL13; E-6 FLT REP PILOT CAT I PIPELIN, 23 WKS, AUG13; X "CONTINUED ON DD-214C" X X X X X X X X X X 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) 5379 SOUTHLAKE DRIVE PACE FL 32571		b. NEAREST RELATIVE (Name and address - Include ZIP Code) DUNN, FRANK 10 CARRIAGE LN WAKEFIELD MA 01880				
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) FL		OFFICE OF VETERANS AFFAIRS		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
21a. MEMBER SIGNATURE Signature Unattainable	b. DATE (YYYYMMDD) 20230317	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) RASHERNEST, CLIFTON, III 1084750995 GS7, Authorizing Official		b. DATE (YYYYMMDD) 20230317		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION Resigned		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY SECNAVINST 1920.6C		26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION Completion Of Required Active Service			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL - NONE			30. MEMBER REQUESTS COPY 4 (Initials) FJD



Department of Veterans Affairs
3333 North Central Ave
Phoenix, AZ 85012

RECEIVED

JUN 12 2024

Town of Seabrook
Assessor's Office

June 11, 2024

FRANCIS J DUNN
235 LOWER COLLINS ST
SEABROOK NH 03874

In Reply Refer To: 345/NCC/EET
CSS XXXXX0227
Dunn F J

Dear Francis J Dunn,

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: XXXXXX227

You are the Veteran.

Military Information

The character(s) of discharge and service date(s) of the veteran include:

Honorable, Navy, 03/12/2011-05/01/2023

(There may be additional periods of service not listed above)

VA Benefits Information

Service-connected disability: Yes

Your combined service-connected evaluation is: 100%

Your current monthly award amount is: \$4,202.42

Are you entitled to a higher level of disability due to being unemployable: No

Are you considered to be totally and permanently disabled due to your service-connected disabilities:
Yes

Are you service-connected for loss of or loss of use of a limb, or are you totally blind in or missing at least one eye: No

Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of veterans' affairs are available at <http://www.va.gov/statedva.htm>.