

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			
	Quigley		John		P			
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL			
	MAILING ADDRESS							
	66 Farm Lane							
CITY/TOWN		STATE		ZIP CODE				
Seabrook		NH		03874				
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED								
66 Farm Lane								
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	CITY/TOWN TAX MAP # 13		BLOCK # 58		LOT # 20			
	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"/>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000		Amount \$		<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"/>	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"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	(b) Surviving Spouse/CU Partner		<input type="checkbox"/>	
	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							
	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date			
	Harold Eaton, Chairman							
	Theresa Kyle							
	Srinivasan Ravikumar							
STEP 4 SIGNA- TURES								
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/LOT

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

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS		OWNER AND APPLICANT INFORMATION				
		OWNER		If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO		
		APPLICANT'S LAST NAME <u>Quigley</u>		APPLICANT'S FIRST NAME <u>John</u>	MI <u>P.</u>	PHONE NUMBER
		APPLICANT'S LAST NAME <u>Quigley</u>		APPLICANT'S FIRST NAME <u>Cynthia</u>	MI <u>R.</u>	PHONE NUMBER
		MAILING ADDRESS				
		<u>66 Fairlane</u>				
		CITY/TOWN <u>Seabrook</u>		STATE <u>NH</u>	ZIP CODE <u>03874</u>	
PROPERTY ADDRESS <u>66 Fairlane</u>		TAX MAP <u>13</u>	BLOCK <u>58</u>	LOT <u>20</u>		
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 type="radio"/> Veteran		<input 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) <i>If Adopted by Town</i> Standard (\$50) / Optional (\$51 up to \$750)		
		<input type="radio"/> Surviving Spouse		<input 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) <i>If Adopted by Town</i> (\$50 up to \$500)		
		3. Veteran's Name <u>John Paul Quigley</u> Dates of Military Service Enter (MMDDYYYY)				
		4. Date of Entry <u>1-7-71</u>		5. Date of Discharge/Release <u>1-6-75</u>		
		IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)				
		6. Name of Allied Country Served In <u>Vietnam</u>		7. Branch of Service <u>Navy</u>		
		9. Does any other eligible Veteran own interest in this property? YES <input type="radio"/> NO <input checked="" type="radio"/> If YES, provide name		8. Please Check One. <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 <input type="text"/> 10b. Spouse's Date of Birth <input type="text"/>				
		11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)				
		LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)				
		12. <input type="checkbox"/> Blind Exemption (RSA 72:37) <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62)				
		<input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)				
		<input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)				
STEP 4 RESIDENCY		13. <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		14. Do you own 100% interest in this residence? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <input type="text"/>				
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 <u>[Signature]</u>		DATE <u>4/1/24</u>		
		SIGNATURE (IN INK) OF PROPERTY OWNER		DATE		

978-433 9876.

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: John Paul Gungley
Address of Applicant's Principal Place of Abode: 66 Farm lane
Map and Lot Number of Applicant's Principal Place of Abode: 13-58-20
Date of Original Application to Municipality: 2-1-24

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) 1-7-71 - 4-75

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: _____ 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
veteransworksheetsWinst

309 555-1512

EVIA-2 Ident 75-59508

4683535

231523 Application

**THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.**

1. LAST NAME-FIRST NAME-MIDDLE NAME QUIGLEY, John Paul				2. SEX M		3. SOCIAL SECURITY NUMBER 000 00 0000		4. DATE OF BIRTH 71 07 30		YEAR 51		MONTH 07		DAY 30					
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY-USN				6. GRADE, RATE OR RANK PN3				7. DATE OF RANK E-4		YEAR 72		MONTH 09		DAY 01					
8. SELECTIVE SERVICE NUMBER 190 995 105 99				9. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE #99 Billerica MA				10. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) Burlington MA 01803											
11. TYPE OF SEPARATION Transfer to the Release from Active and Naval Reserve				12. STATION OR INSTALLATION AT WHICH EFFECTED NAS Patuxent River MD 20670				13. EFFECTIVE DATE 75 01 06		14. REENLISTMENT CODE DD256N		15. YEAR 75		16. MONTH 01		17. DAY 06			
18. CHARACTER OF SERVICE Honorable				19. TYPE OF CERTIFICATE ISSUED DD256N				20. REENLISTMENT CODE DD256N											
21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAS Patuxent River MD 20670				22. COMMAND TO WHICH TRANSFERRED Naval Reserve Manpower Center Bainbridge MD 21905				23. DATE ENTERED ACTIVE DUTY PERIOD 71 01 07											
24. TERMINAL DATE OF RESERVE/MS OBLIGATION NA				25. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Medford MA				26. RECORD OF SERVICE											
27. PRIMARY SPECIALTY NUMBER AND TITLE PN - 0000				28. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 205 - Personnel Clerks				29. RECORD OF SERVICE											
30. SECONDARY SPECIALTY NUMBER AND TITLE PN - 0000				31. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA				32. RECORD OF SERVICE											
33. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				34. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) 12				35. DISABILITY/SERVICE PAY											
36. TL - NONE				37. LEAVE PAID -17-				38. INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				39. TYPE - NONE							
40. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal. First Good Conduct Award for Service ending 06JAN75.				41. SIGNATURE OF PERSON BEING SEPARATED John Paul Quigley				42. SIGNATURE OF OFFICER AUTHORIZED TO SIGN William B...											
43. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) Oak Knoll Rd., Burlington MA 01803				44. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER W. G. BERG GS-9 ASST MIL PERS OFF/drg				45. SIGNATURE OF OFFICER AUTHORIZED TO SIGN William B...											
46. FORM 214N				47. PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.				48. THIS IS AN IMPORTANT RECORD				49. REPORT OF SEPARATION FROM ACTIVE DUTY							

DD FORM 214N
1 NOV 72

PREVIOUS EDITIONS OF THIS
FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD
Safeguard It

REPORT OF SEPARATION FROM ACTIVE DUTY

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