

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>Willwerth</b>		FIRST NAME <b>Patrick</b>		INITIAL <b>James</b>		
	PROPERTY OWNER'S LAST NAME		FIRST NAME		INITIAL		
	MAILING ADDRESS <b>73 Nashville 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>73 Nashville St</b>						
<b>STEP 2 EXEMP- TIONS/ TAX CRED- ITS/ DEFER- RAL</b>	CITY/TOWN TAX MAP # <b>14</b>		BLOCK # <b>6</b>		LOT # <b>175</b>		
	<b>VETERANS' TAX CREDIT</b>						
	Granted/Denied Date						
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)		Amount \$	<b>750</b>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000		Amount \$		<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"/>	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"/>	
<input type="checkbox"/>			<input type="checkbox"/>	(b) Surviving Spouse/CU Partner		<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"/>	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"/>		
<b>Elderly &amp; Disabled Tax Deferral</b>				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 <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>Harold Eaton, Chairman</b>						
	<b>Theresa Kyle</b>						
	<b>Srinivasan Ravikumar</b>						
<b>APPEAL PROCE- DURE</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

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

AUG 14 2023

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION			
	<p>OWNER</p> <p>APPLICANT'S LAST NAME <u>Patricia Barbara Willwerth</u> APPLICANT'S FIRST NAME <u>Patricia</u> MI <u>J.</u> PHONE NUMBER <u>83874</u></p> <p>APPLICANT'S LAST NAME <u>Willwerth</u> APPLICANT'S FIRST NAME <u>Patricia</u> MI <u>J.</u> PHONE NUMBER <u>83874</u></p> <p>MAILING ADDRESS <u>73 Nashville St</u></p> <p>CITY/TOWN <u>Scabrook</u> STATE <u>NH</u> ZIP CODE <u>03874</u></p> <p>PROPERTY ADDRESS <u>73 Nashville St.</u> TAX MAP <u>14</u> BLOCK <u>6</u> LOT <u>175</u></p> <p>IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>			
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	VETERAN'S INFORMATION			
	<p>1. APPLICANT IS THE: <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Surviving Spouse</p> <p>2. APPLYING FOR:</p> <p><input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)</p> <p><input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) <i>If Adopted by Town</i> Standard (\$50) / Optional (\$51 up to \$750)</p> <p><input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)</p> <p><input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")</p> <p><input type="checkbox"/> Tax Credit for Combat Service (RSA 72:28-c) <i>If Adopted by Town</i> (\$50 up to \$500)</p> <p><input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)</p> <p>3. Veteran's Name <u>Patricia J. Willwerth</u> Dates of Military Service Enter (MMDDYYYY) <u>5-1-69</u> 4. Date of Entry <u>7-20-73</u> 5. Date of Discharge/Release (if applicable)</p> <p>IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)</p> <p>6. Name of Allied Country Served in <u>Air Force</u> 7. Branch of Service <u>Air Force</u></p> <p>9. Does any other eligible Veteran own interest in this property? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, provide name <u>Patricia J. Willwerth</u></p> <p>8. Please Check One. <input checked="" type="checkbox"/> US Citizen at time of entry into Service <input type="checkbox"/> Alien but resident of NH at time of entry into Service</p>			
STEP 3 EXEMPTIONS	STANDARD EXEMPTIONS			
	<p>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 <u>5-1-69</u> 10b. Spouse's Date of Birth <u>7-20-73</u></p> <p>11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)</p> <p>12. <input type="checkbox"/> Blind Exemption (RSA 72:37)</p>			
STEP 4 RESIDENCY	LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)			
	<p>13. <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85)</p> <p><input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66)</p> <p><input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)</p> <p><input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)</p> <p>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)</p> <p><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</p> <p><input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)</p>			
STEP 5 OWNERSHIP	15. Do you own 100% interest in this residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, what percent (%) do you own? <u>100</u>			
STEP 6 SIGNATURES	<p>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.</p> <p><u>Patricia J. Willwerth</u> <u>8/14/23</u></p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER DATE</p> <p><u>Barbara J. Willwerth</u> <u>8/14/23</u></p> <p>SIGNATURE (IN INK) OF PROPERTY OWNER DATE</p>			

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

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: Patric James Willard  
Address of Applicant's Principal Place of Abode: 73 Nashville St.  
Map and Lot Number of Applicant's Principal Place of Abode: 14-6-175  
Date of Original Application to Municipality: 6-30-23

**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) 5-1-69- 7-20-73

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: Gemma Famine 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  
veteransworksheetWInst

<b>PERSONAL DATA</b>	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>WILLERTH PATRICK JAMES</b>				2. SERVICE NUMBER <b>AP11632100</b>		3. SOCIAL SECURITY NUMBER <b>020 00 000</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE Reg AF</b>				5a. GRADE, RATE OR RANK <b>E50T</b>		b. PAY GRADE <b>E5</b>		6. DATE OF RANK DAY <b>1</b> MONTH <b>MAY</b> YEAR <b>72</b>
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>WETMOUTH, MA</b>				9. DATE OF BIRTH DAY <b>10</b> MONTH <b>SEP</b> YEAR <b>49</b>		
<b>SELECTIVE SERVICE DATA</b>	10. SELECTIVE SERVICE NUMBER <b>1 000 000 000</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB # 72, GLOUCESTER, MA</b>				c. DATE INDUCTED DAY <b>NA</b> MONTH <b>NA</b> YEAR <b>NA</b>		
	11. TYPE OF TRANSFER OR DISCHARGE <b>1 LEASE FROM ACTIVE DUTY</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB FAIRFIELD CA</b>				
<b>TRANSFER OR DISCHARGE DATA</b>	REASON AND AUTHORITY <b>1 RA 3-8C, CH 3, SEC B, AMN 39-10 (DDN 411) CCG</b>				d. EFFECTIVE DATE DAY <b>20</b> MONTH <b>JUL</b> YEAR <b>73</b>				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>7 FLD MAINT SQ, SAC</b>				13 a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>NA</b>		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>BAVR</b>						15. REENLISTMENT CODE <b>1</b>		
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION D <b>0</b> MONTH <b>APR</b> YEAR <b>75</b>				17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER <b>ASQT 001</b>		b. TERM OF SERVICE (Years) <b>4/12</b>		c. DATE OF ENTRY DAY <b>1</b> MONTH <b>MAY</b> YEAR <b>69</b>
<b>SERVICE DATA</b>	18. PRIOR REGULAR ENLISTMENTS <b>ONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AS</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>BOSTON, MA</b>				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE Street, RFD, City, County, State and ZIP Code) <b>WETMOUTH, MA</b>				22. STATEMENT OF SERVICE				
	22. SPECIALTY NUMBER & TITLE <b>3250 JET ENGINE MECHANIC</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>021.291 AIRCRAFT &amp; ENGINE MECHANIC</b>						
					a. CREDITABLE FOR BASIC PAY PURPOSES				
					b. TOTAL ACTIVE SERVICE				
					c. FOREIGN AND/OR SEA SERVICE				
<b>VA AND EMP. SERVICE DATA</b>	26. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>10 NON PAY PERIODS</b>		b. DAYS ACCRUED LEAVE PAID <b>21 DAYS</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NONE</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
	10 TIME LOST		28. VA CLAIM NUMBER <b>C- NONE</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
	25. EDUCATION AND TRAINING COMPLETED <b>JET ENGINE MECHANIC, COMPL 69</b> <b>JET ENGINE 379 FLD MAINT, COMPL 70</b>								
<b>REMARKS</b>	30. REMARKS <b>HS CR/BLOOD OF O FOR/AQE SCORES A95 B95 C95 M90 UNDATED/INAC 27RAYS: 000 NACC</b> <b>7: HOLABIRD, MD/DAFEC 43250/PCS ASCENT TO INDOCHINA: YES, RUM: NO, KOREA: NO/ HAVE</b> <b>BEN COUNSELLED AS TO CONDITIONS FOR MY REENTRY INTO THE AIR FORCE AND I UNDERSTAND</b> <b>2 LAT EVERY FOURTH AIR FORCE MEMBER MUST MEET THE ENLISTMENT/REENLISTMENT STA STANDS</b> <b>1: EFFECT AT THE TIME OF HIS APPLICATION."/</b>								
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>4 ASHLAND AVE, MANCHESTER, MA 01944</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <b>Patrick J Willwerth</b>				
<b>AUTHENTICATION</b>	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>D. SCHMIDT, MSgt, USAF</b> <b>IN OIC, REENLISTMENTS &amp; SEPARATIONS</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>[Signature]</b>				

DATE OF CORRECTION  24 SEPT 73		CORRECTION TO DD FORM 214, ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE		DEPARTMENT, COMPONENT AND BRANCH OR CLASS  AIR FORCE REGAF	
IDENTIFICATION DATA					
LAST NAME-FIRST NAME-MIDDLE NAME  WILLWERTH PATRICK JAMES		SERVICE NUMBER AF11632108	EFFECTIVE DATE OF TRANSFER OR DISCHARGE (Year, Month, Day)  73 JUL 20	SELECTIVE SERVICE BOARD NUMBER (City and State) LB # 72  GLOUCESTER N	LOCAL County
		SOC SEC ACCT NO. 029-40-3948			
HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)  WEYMOUTH MA			PERMANENT ADDRESS FOR MAILING GIVEN ON ORIGINAL DD FORM 214 4 ASHLAND AVENUE MANCHESTER MA 01944		
CORRECTIONS					
THE ORIGINAL ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE (DD Form 214) FOR THE ABOVE-NAMED INDIVIDUAL IS CORRECTED AS INDICATED BELOW:					
ITEM NO.	CORRECTED TO READ				
1	FROM: WILWERTH PATRICK JAMES				
	TO: WILLWERTH PATRICK JAMES				
9	10 AUG 49				
21	MANCHESTER MA 01944				
*	LAST ENTRY THIS SECTION *				
 D. L. ROATCH, Asst Chief Reference Services Branch Directorate of Res Pers Rcrds (Signature of Authenticating Officer)					

DD FORM 215  
1 MAR 68

REPLACES EDITION OF 1 NOV 55, WHICH IS OBSOLETE AFTER 31 DEC 68.