

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR
TAX DEFERRAL APPLICATION**

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	DUNN FRANCIS J & ERIN M		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	DUNN	APPLICANT'S FIRST NAME	FRANCIS	MI	J	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	235 LOWER COLLINS ST					
CITY/TOWN	SEABROOK	STATE	NH	ZIP CODE	03874	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 235 Lower Collins St						
TAX MAP	14	BLOCK	43	LOT	400	

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

VETERANS' TAX CREDITS / EXEMPTION

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)	750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)		<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)	4000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s)				
<input type="checkbox"/> Other Information				
<input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse GRANTED <input checked="" type="checkbox"/> DENIED <input type="checkbox"/>				

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category
Income Limits				
Single				65-74 years of age
Married				75-79 years of age
Asset Limits				80+ years of age
Single				
Married				

STANDARD and LOCAL OPTIONAL EXEMPTIONS (when previously adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	

ELDERLY / DISABLED TAX DEFERRAL

<input type="checkbox"/> Elderly & Disabled Tax Deferral	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>	AMOUNT	DATE
--	--	--------	------

For Deferrals: This page must be returned to the property owner after approval or denial, on or before July 1, following the date of Notice of Tax as defined in RSA 72:1-d, by first class mail. (RSA 72:34, IV)

STEP 3 COMMENTS / NOTES

Municipal Notes

--

**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR
TAX DEFERRAL APPLICATION****MUNICIPAL AUTHORIZATION****STEP 4 SIGNATURES**

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____ CHAIRMAN	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____ VICE CHAIRMAN	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____ CLERK	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____
PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL _____	DATE _____

APPEAL PROCEDURE

If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before **September 1** following the date of notice of tax as defined in RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the Superior Court in the county where the property is located. **Example:** If you were denied an exemption from your 2014 property taxes, you have until September 1, 2015, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at www.nh.gov/btla; or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

INSTRUCTIONS**STEP 1 PROPERTY OWNER'S INFORMATION**

Please type or print the property owner(s) name and address in the spaces provided. Also enter the property address, tax map, block and lot numbers of the property for which the exemption, tax credit or tax deferral is claimed.

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

Check the Tax Credit(s) / Exemption(s) / Tax Deferral box(es) which apply to the property listed in Step 1.

Check the box(es) Granted or Denied which apply.

Place the amount of the Tax Credit / Exemption / Tax Deferral which was granted or denied.

Place the date the Tax Credit / Exemption / Tax Deferral was granted or denied.

For those exemptions having income or asset limitations, the municipal assessing officials may request true copies of any documents needed to verify eligibility.

All documents and copies of such documents submitted by the applicant shall be returned to the applicant after a decision is made on the application.

STEP 3 COMMENTS / NOTES

Optional space to place any notes or comments which the applicant should be made aware of.

STEP 4 SIGNATURES

Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.

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-29 on file? <input type="radio"/> YES <input checked="" type="radio"/> NO <i>Town of Seabrook's Office</i>	
		APPLICANT'S LAST NAME <i>Francis + Elin Dunn</i>		APPLICANT'S FIRST NAME <i>Francis</i>	
		APPLICANT'S LAST NAME <i>Dunn</i>		APPLICANT'S FIRST NAME <i>Francis</i>	
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	
MAILING ADDRESS		STATE		ZIP CODE	
CITY/TOWN		TAX MAP		BLOCK	
PROPERTY ADDRESS		LOT			
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) <i>If Adopted by Town</i> 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) <i>If Adopted by Town</i> (\$50 up to \$500)	
		3. Veteran's Name <i>Francis J. Dunn Jr</i> Dates of Military Service Enter (MMDDYYYY) <i>3-12-2011</i> 4. Date of Entry <i>5-1-2023</i> 5. Date of Discharge/Release (if applicable)			
		IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)			
		6. Name of Allied Country Served in <i>Navy</i> 7. Branch of Service			
		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)			
		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"/> Electric Energy Storage Systems Exemption (RSA 72:85)			
		<input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:86)			
		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:82) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70)			
		<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)			
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? <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		DATE <i>6/11/24</i>	
		SIGNATURE (IN INK) OF PROPERTY OWNER		DATE	

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

TAX MAP | BLOCK | LOT

978-314-4762

PA-29

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
14	43	400	750	<input checked="" type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input checked="" type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)			4000	<input checked="" type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Reviewed documents submitted by applicant (list documents reviewed)						
<input type="checkbox"/> Other Information						

VETERANS' EXEMPTION

☐ Certain Disabled Veterans' Exemption GRANTED ☐ DENIED ☐

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	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				

STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Blind Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Deaf Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Disabled Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems		<input type="radio"/>	<input type="radio"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

- ☐ * List of assets, value of each asset, net encumbrance and net value of each asset.
 ☐ * State Interest and Dividends Tax Form.
- ☐ * Statement of applicant and spouse's income.
 ☐ * Property Tax Inventory Form filed in any other town.
- ☐ * Federal Income Tax Form.

* Documents are considered confidential and must be returned to the applicant once a decision is made on the application.

Municipal Notes

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

Harold Eaton, Chairman

SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL DATE

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

Theresa Kuyie

SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL DATE

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

Srinivasan Ravikumar

SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL DATE

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL DATE

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL

SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL DATE

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. Dunn 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 Camille 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 Camille 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 022-00-0000		
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) RASH, ERNEST CLIFTON III 1084750995 Digitally signed by RASH, ERNEST CLIFTON III 1084750995 Date: 2023.03.17 11:18:23 -0400		b. DATE (YYYYMMDD) 20230317		
GS7, Authorizing Official						

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

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

DD FORM 214C, AUG 2009 PREVIOUS EDITION IS OBSOLETE. SERVICE-



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>.



THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637