

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS		OWNER AND APPLICANT INFORMATION					
		OWNER		If required, is a PA-33 on file?			
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI	PHONE NUMBER	
		APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME	MI	PHONE NUMBER	
		MAILING ADDRESS					
		CITY/TOWN					
		STATE					
		PROPERTY ADDRESS		TAX MAP	BLOCK	LOT	
		IS THIS YOUR PRIMARY RESIDENCE?					
		ZIP CODE					
		BLOCK					
		LOT					
		DATE					
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION		VETERAN'S INFORMATION					
		1. APPLICANT IS THE:		2. APPLYING FOR:			
		<input checked="" type="checkbox"/> Veteran		<input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)			
		<input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)			
		<input type="checkbox"/> 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) If Adopted by Town (\$50 up to \$500)			
		3. Veteran's Name		4. Date of Entry		5. Date of Discharge/Release (if applicable)	
		Dates of Military Service					
		Enter (MMDDYYYY)					
		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		<input checked="" type="checkbox"/> US Citizen at time of entry into Service			
		If YES, provide name		<input type="checkbox"/> 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"/> 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 72:66)					
		<input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) <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)					
		14. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)					
		<input checked="" 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 4 RESIDENCY							
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?					
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					

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
9	36	12		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)			750	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)				<input 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 pursuant to RSA 72:28-c (\$50 up to \$500)				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Reviewed documents submitted by applicant (list documents reviewed)						
<input type="checkbox"/> Other Information						

VETERANS' EXEMPTION

<input type="checkbox"/> Certain Disabled Veterans' Exemption	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>	DATE
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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="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"/>	
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems		<input type="checkbox"/>	<input type="checkbox"/>	

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.

<input type="checkbox"/> * List of assets, value of each asset, net encumbrance and net value of each asset.	<input type="checkbox"/> * State Interest and Dividends Tax Form.
<input type="checkbox"/> * Statement of applicant and spouse's income.	<input type="checkbox"/> * Property Tax Inventory Form filed in any other town.
<input type="checkbox"/> * 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 <i>Harold Eaton, Chairman</i>	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL <i>Theresa Kyle</i>	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL <i>Srinivasan Ranganathan</i>	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

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 214 1 JUL 79		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME (Last, first, middle) STICARD, STEVEN PHILIP		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 000 000 000				
4a. GRADE, RATE OR RANK Sgt	4b. PAY GRADE E-5	5. DATE OF BIRTH 571228	6. PLACE OF ENTRY INTO ACTIVE DUTY Portland, ME					
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND B Btry Staf & Pac Bn TRADOC TC			8. STATION WHERE SEPARATED Fort Sill, OK					
9. COMMAND TO WHICH TRANSFERRED USAR Control Group(Reinforcement)RCPAC St. Louis, MO 63132			10. SGU COVERAGE AMOUNT \$ 20 000 <input type="checkbox"/> NONE					
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 13B20, Cannon Crewman, 3 years and 9 months			12. RECORD OF SERVICE					
			a. Date Entered AD This Period			YEAR (S)	MON (S)	DAY (S)
			b. Separation Date This Period			76	06	25
			c. Not Active Service This Period			80	06	24
			d. Total Prior Active Service			04	00	00
			e. Total Prior Inactive Service			00	00	00
			f. Foreign Service			00	03	06
			g. Sea Service			01	00	03
			h. Effective Date of Pay Grade			00	00	00
i. Reserve Oblig. Term. Date			79	12	01			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Drivers Badge, Army Commendation Medal, Sharpshooter (rifle M-16), Expert (hand grenade)								
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) NA								
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID 3			
18. REMARKS NOTHING FOLLOWS								
19. MAILING ADDRESS AFTER SEPARATION: Bl. 107 Hampton Falls, NH 03844			20. MEMBER REQUESTS COPY 6 BE SENT TO NH DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
21. SIGNATURE OF MEMBER BEING SEPARATED 			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN D. E. DELANE, CW2, USA, Asst AG					

RECEIVED

JAN 27 2025

Town of Seabrook
Assessor's Office

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Relief from active duty		24. CHARACTER OF SERVICE (Includes upgrades) Honorable	
25. SEPARATION AUTHORITY Chapter 2, AR 635-200		26. SEPARATION CODE BK	27. REENLISTMENT CODE HR-1
28. NARRATIVE REASON FOR SEPARATION Completion of required service (ETS)			
29. DATES OF TIME LOST DURING THIS PERIOD None		30. MEMBER REQUESTS COPY 4 INITIALS	

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: Steven P. Sicard
Address of Applicant's Principal Place of Abode: 28 Belgian Dr.
Map and Lot Number of Applicant's Principal Place of Abode: 9-36-12
Date of Original Application to Municipality: 1-21-25

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) 6-25-76 - 6-24-1980

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_-_Web_0804.doc

Documentation Reviewed By: Samantha 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: _____ 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
veteransworksheetWinst

