FORM PA-35

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR TAX DEFERRAL APPLICATION

OWNER: MALDONEK MICHAEL, P APPLICANTS LAST NAME MALDONEK MALDONEK APPLICANTS FIRST NAME MICHAEL MI FAPPLICANTS LAST NAME MALDONEK APPLICANTS FIRST NAME MALDONEK MALD	STEP 1 OWNER A	ND APPLICANT INFORMAT	ION			
APPLICANT'S LAST NAME	OWNER	MALIONEK MICHAEL F		If required, is a PA-33	on file? ☐ YES ● NC	
MAILING ADDRESS CITYTOWN SEARCOK STATE MH ZIPCODE [03874] PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed 32 JEAN DRIVE TAX MAP JECK 30	APPLICANT'S LAST NAME	MALIONEK	APPLICANT'S FIRST NAME	FNAME MICHAEL N		
EXPROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed 32 JEAN DRIVE TAX MAP T SLOCK 50 LOT 16 STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL VETERANS' TAX CREDITS / EXEMPTIONS / TAX DEFERRAL VETERANS' TAX CREDITS / EXEMPTION AMOUNT GRANTED DENIED DATE Great RSA 72.28 / (Standard \$50. Optional \$51 up to \$750) AMOUNT GRANTED DENIED DATE Great RSA 72.28 / (Standard \$50. Optional \$51 up to \$750) AMOUNT GRANTED DENIED DATE Great RSA 72.28 / (Standard \$50. Optional \$51 up to \$750) AMOUNT GRANTED DENIED DATE Great RSA 72.28 / (Standard \$50. Optional \$51 up to \$750) AMOUNT GRANTED DENIED D	APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI.	
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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 defir in RSA 72:1-d, by first class mail. (RSA 72:34, IV) STEP 3 COMMENTS / NOTES				7. 7	· · · · · · · · · · · · · · · · · · ·	
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FORM PA-35

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR TAX DEFERRAL APPLICATION

MUNICIPAL AUTHORIZATION

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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 RATE

STEP 1	OWNER AND APPLICANT INFORMATION	
OWNER AND	OWNER If required, is a PA-33 on file?	
APPLICANT	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER	
NAME AND	APPLICANT'S FIRST NAME MI PHONE NUMBER MALIONEX MICHAEL F.	מוי
ADDRESS	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER	ŘOP
		YL SH
	MAILING ADDRESS 32 Jean Drive.	NWO
	CITY/TOWN STATE ZIPCODE	PROPERTY OWNER NAME
		ME.
	PROPERTY ADDRESS TAX MAP BLOCK LOT 7 50 165	
;	IS THIS YOUR PRIMARY RESIDENCE? (YES 1) NO	
de march I Earle in rea I I (1904) had the transmission of marchine in an alternative in	VE FR4 IF RMAHON	
STEP 2	1. APPLICANT IS THE: 2. APPLYING FOR:	
VETERANS' TAX CREDITS	Veteran Veterans' Tax Credit (RSA 72:28) Slandard (\$50) / Optional (\$51 up to \$750)	
AND EXEMPTION	Spouse All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)	ı
	Surviving Spouse Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)	
	Tax Credit for Surviving Spouse (RSA 72:29-a "of any person who was killed or died while on active duty")	
	Tax Credit for Combat Service (RSA 72:28-c) If Adopted by Town (\$50 up to \$500)	
	Certain Disabled Veterans (Exemption) (RSA 72:36-a)	
	3. Veteran's Name Dates of Military Service 4. Date of Entry 5. Date of Discharge/Release	PROPERTY OWNER NAME
	MICHAEL F. MALIONEK Enter (MMDDYYYY) 1-7-75 1-6-78	틹
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32) 6. Name of Allied Country Served in 7. Branch of Service	WO.
	Navy	ER Z
	9. Does any other eligible Veteran own interest in this property? 8. Please Check One.	AME
:	YES NO If YES, provide name O US Citizen at time of entry into Service Alien but resident of NH at time of entry into Service	
**************************************	STANDARD EXEMPTIONS	
STEP 3	10. Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)	
EXEMPTIONS	(Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth 10b. Spouse's Date of Birth	
	11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)	
	LOCAL OPTIONAL EXEMPTIONS:((fradopted by city/town)	
	12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62)	
	Deaf Exemption (RSA 72:38-b) Wind-Powered Energy Systems Exemption (RSA 72:66)	
	Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)	
	Electric Energy Storage Systems Exemption (RSA 72:85)	
est e le constant de la constant de	13. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)	TAX
STEP 4 RESIDENCY	NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed	MAP
	MH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)	BLOC
The section of the se		TAX MAP BLOCK LOT
STEP 5 OWNERSHIP	14. Do you own 100% interest in this residence? No If NO, what percent (%) do you own?	7
STEP 6	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	
SIGNATURES	and complete. A/A	•
parico.	SIGNATURE (IN INK) OF PROPERTY OWNER	
	DATE . /	
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE	ť

781-844-8648

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUN	ICIPAL AUTHOR	IZATION - TO BE CO	OMPLETED BY MU	NICIPAL ASSESS	SING OFFICE	IALS
		VETER	ANS' TAX CREDIT		State of the state of	
MUNICIPAL T	AX MAP 7	BLOCK 50	LOT 15	AMOUNT GRA	NTED DENIED	DATE
☐ Veterans' 1	Fax Credit RSA 72:28 (Star	ndard \$50; Optional \$51 up to \$7	'50)			
All Veteran	s' Tax Credit RSA 72:28-b	o (Standard \$50; Optional \$51 up	to \$750)		$\tilde{O} \sim \tilde{O}$	
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Surviving S	Spouse Tax Credit (Standa	ard \$700; Optional \$701 up to \$2	2,000)	(Š Š	
Tax Credit	for Combat Service purs	suant to RSA 72:28-c (\$50 up t	to \$500)		Ŏ Č	
Review Ap	plicable Discharge Pape	rs Form(s)				
Other Inform	mation					
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		VETER	ANS' EXEMPTION			Aleksen (Koleska)
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Income Limits	Deaf Exemption	·	Elderly Exemption	· · · · · · · · · · · · · · · · · · ·	on Per Age Cate	gory
Single				65-74 years of age	3-1-1-1	30.7
Married				75-79 years of age		
Asset Limits	b			80+ years of age		
Single				our years or age	L	
Married						
4.4	STANDAI	RD and LOCAL OPTIO	NAL EVENDTIONS	If adopted by the Other	e gjer uit ji ja kappyse salakking Likulan ja alikulan ji ja k	ងក្សុង បញ្ជាក្រុ
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☐ Wind-power	ed Energy Systems Exe	mption		. 0	O	
A ph	otocopy of this Form (F	Pages 1 and 2) or Form PA	-35 must be returned to t	he property owner after	anproval or dar	in the second
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	the contract of the contract o	net encumbrance and net va	医乳体 医多种性皮肤 网络马蹄属马蹄科 医马	* State Interest and D	ividends Tax Forr	1
	of applicant and spouse			* Property Tax Inventor		we also a series to the series
* Federal Inc	come Tax Form.					
* Doc	uments are considered	d confidential and are retur	ned to the applicant at th	e time a decision is ma	de on the applic	ation.
			Municipal Notes			
E Company						
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VETERANS' CREDIT QUALIFICATIONS WORKSHEET In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

vame of Municipality: SEABROOK
Name of Applicant: Michael F. Malionek
Address of Applicant's Principal Place of Abode Go Tean Dr.
Map and Lot Number of Applicant's Principal Place of Abode: 7-50-16
Date of Original Application to Municipality: 3-19-2024
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) 1-7-75-1-6-78
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 Fanca Cance 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: Januar and 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:

¹ Revised September, 2006 veteransworksheetWInst



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

Assessor's Office

March 19, 2024

MICHAEL F MALIONEK 32 JEAN DR **SEABROOK NH 03874**

In Reply Refer To: 345/NCC/DL2

CSS XXXXXX1037

Malionek M F

Dear Michael F Malionek,

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:XXXXXX037 You are the Veteran.

Military Information

The character(s) of discharge and service date(s) of the veteran include: Honorable, Navy, 01/07/1975-01/06/1978 (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: \$3,737.85

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:

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.

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, email or letter.

lf you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
Use the Internet	www.VA.gov- "ask a question"
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below:
	Department of Veterans Affairs Claims Intake Center PO Box 4444 Janesville, WI 53547-4444 Toll Free Fax: 844-531-7818 DID Fax: 248-524-4260

With sincere regard for the Veteran's service,

RO Director VA Regional Office

To email us visit www.VA.gov- "ask a question"

Page 3 For the Veteran's Use Only

Do you know about VA.gov?

The new VA.gov design focuses on the top information Veterans seek out across all VA websites. This homepage also provides Veterans with a standard way to log in to access a personalized user experience. Users are able to log into VA.gov via their existing MyHealtheVet, DS Logon, or ID.me credentials.

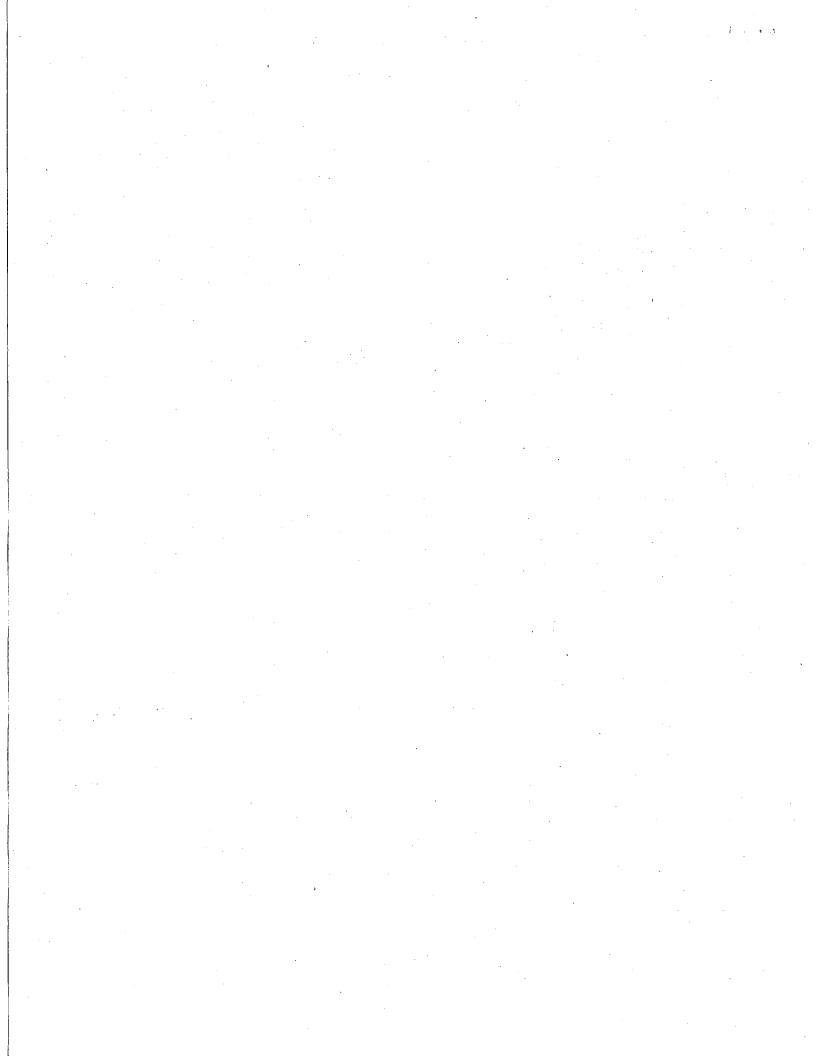
As VA continues to transition self-service capabilities from eBenefits to VA.gov, there are limited functions available exclusively in eBenefits. All eBenefits functionality has been transitioned to VA.gov except:

- -Request for Certificate of Eligibility
- -Chapter 31 VRE application
- -POA Search and VAF21-22/a submission
- -Specially Adapted Housing (SAH) or Special Home Adaptation (SHA) grant application
- -Order prosthetic socks
- -View My Document

To register for an account, follow the online prompts on VA.gov.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

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FORM PA-33

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR TAX DEFERRAL UNDER RSA 72:33, V

(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR HAS A LIFE ESTATE

TYPE OR F	RINT			2017,12
OWNER	Malionell Family Revoc	Living Trust		
APPLICAN	T'S LAST NAME Malkhell	APPLICANT'S FIRST NAME	Michae	LMIF
le de la company de	T'S LAST NAME	APPLICANT'S FIRST NAME	77070	MI
MAILING A	DDRESS 32 Tran Dr			1011
CITY/TOW		S	TATE NH ZI	PCODE 03874
PROPERT	ADDRESS for which Tax Credit / Exemption / Deferi	al is claimed 32 Jean	Dr.	1,490
I am eligible or Tax Defe upon the fol	for a property tax credit, exemption or tax defer rral Application, Form PA-30, has been made, a owing: (check one) r/Revocable Trust	ral against the property for whic nd do qualify as the owner of t	ch a Permanent Ap he property under	pplication, Form PA-29, RSA 72:29, VI, based
 ⊘ Granto	r/Revocable Trust			LIVED
Equital	ole Title holder or	·	L	DEC 18 2024
O Benefic	cial interest for life (Life estate owner)			
(a) A (b) A	oriate document must be supplied: Trust instrument as defined in RSA 564-B:1- Certification of Trust prepared in accordance deed or other legal document showing the a	with RSA 564-B·10-1013 c		vn of Seabrook Sessor's Office
Legal Name	e of Trust (if different than above): <u>Maticne</u>	L Family Revar. L	Ilna Trus	/
	All documents submitted shall be h	andled to protect the priva	cv of the applic	ant
Explanation				
Under pena	alties of perjury, I declare that I have examinate, correct and complete.			the information
(x <i>S/X</i>)	Illu .	MICHAEL F. MAI	LIONETC	12/18/24
SIGNÁTURÉ (IN IN	κ)	PRINT NAME		DATE
X SIGNATURE (IN IN	K)			
orona trotte (iit iit	• •	PRINT NAME		DATE
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WHO MUST FILE	To be completed by property owners wishin equitable title or the beneficial interest of a of RSA 72:28, 29-a, 30, 31, 32, 33, 35, 36 real estate, as expressed by such words placed their property in a grantor/revocable in the subject property.	trust, or a life estate in a pi 3-a, 37, 37-a, 37-b, 38-a, 39 as "owner" "owned" or "	operty. RSA 72: 9-a, 62, 66, and	29, VI. For purposes 70, the ownership of
WHEN TO FILE	This completed form shall be submitted property tax credit or exemption, or the Tamunicipal assessing officials of the City/To becomes a permanent document and does is changed or altered.	ax Deferral Application, For wn in which such application	m PA-30 (RSA :	72:38-a), to the local