

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

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER	GREGORY & JESSICA BARROW		If required, is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	BARROW	APPLICANT'S FIRST NAME	GREGORY	MI	D	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	6 WOODLAND AVE					
CITY/TOWN	SEABROOK		STATE	NH	ZIPCODE	03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	147 GARDEN ST					
TAX MAP	9	BLOCK	16	LOT	4	

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 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 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 type="checkbox"/> Veteran				
<input type="checkbox"/> Surviving Spouse				
GRANTED				
DENIED				

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

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER AND APPLICANT INFORMATION		
	OWNER		FEB 3 2025 If required, is a PA-33 on file? <input type="checkbox"/> YES <input type="checkbox"/> NO
	APPLICANT'S LAST NAME <u>Gregory D. Barrow + Jessica Barrow</u>	APPLICANT'S FIRST NAME <u>Barrow</u>	MI <u>D.</u>
	APPLICANT'S LAST NAME <u>Barrow</u>	APPLICANT'S FIRST NAME <u>Gregory</u>	MI <u>D.</u>
STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	MAILING ADDRESS <u>6 Woodland Ave</u>		
	CITY/TOWN <u>Seabrook</u>		STATE <u>NH</u>
	PROPERTY ADDRESS <u>6 Woodland Ave</u>		ZIP CODE <u>03874</u>
	TAX MAP <u>9</u>		BLOCK <u>16</u>
	LOT <u>4</u>		
	IS THIS YOUR PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VETERAN'S INFORMATION		
	1. APPLICANT IS THE: <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Surviving Spouse		
	2. APPLYING FOR: <input checked="" type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <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="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) <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)		
	3. Veteran's Name <u>Gregory D. Barrow</u>		
4. Date of Entry <u>6-2-17</u>			
5. Date of Discharge/Release (if applicable) <u>10-1-21</u>			
6. Name of Allied Country Served in <u></u>			
7. Branch of Service <u>Mar Force</u>			
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			
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 <u></u> 10b. Spouse's Date of Birth <u></u>		
	11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)		
	12. <input type="checkbox"/> Blind Exemption (RSA 72:37)		
STEP 4 RESIDENCY	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 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)		
	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></u>		
STEP 5 OWNERSHIP			
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>Gregory Barrow</u> DATE <u>2/3/2025</u>		
SIGNATURE (IN INK) OF PROPERTY OWNER <u></u> DATE <u></u>			

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

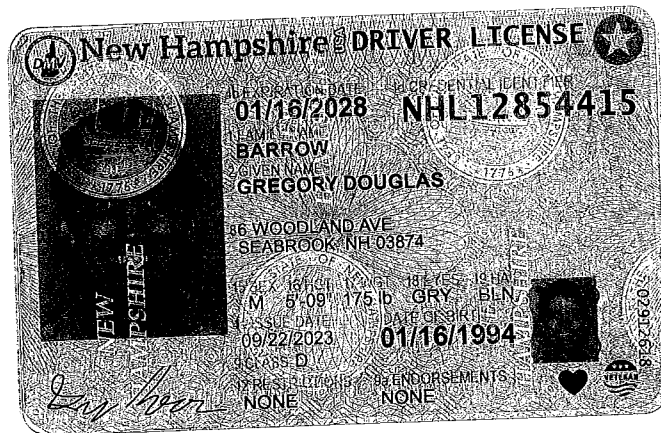
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) BARROW GREGORY DOUGLAS		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REGAF		3. SOCIAL SECURITY NUMBER   	
4a. GRADE, RATE OR RANK CPT	b. PAY GRADE O3	5. DATE OF BIRTH (YYYYMMDD) 19940116	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20250327		
7a. PLACE OF ENTRY INTO ACTIVE DUTY INDIANAPOLIS IN		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) INDIANAPOLIS IN			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND OL HA DET 12 AF LIFE CYCLE MGT CE (MTC)			b. STATION WHERE SEPARATED JBSA RANDOLPH TX		
9. COMMAND TO WHICH TRANSFERRED USAFR				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$100,000	
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.) 63A3, ACQUISITION MANAGER, 3 YEARS AND 3 MONTHS; 38F1, FORCE SUPPORT, 1 YEAR AND 1 MONTH.		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD		2017	JUN
		b. SEPARATION DATE THIS PERIOD		2021	OCT
		c. NET ACTIVE SERVICE THIS PERIOD		04	04
		d. TOTAL PRIOR ACTIVE SERVICE		00	02
		e. TOTAL PRIOR INACTIVE SERVICE		00	00
		f. FOREIGN SERVICE		00	00
		g. SEA SERVICE		00	00
		h. INITIAL ENTRY TRAINING		2017	JUN
i. EFFECTIVE DATE OF PAY GRADE		2021	JUN		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Commendation Medal, Air Force Achievement Medal, National Defense Service Medal, Global War on Terrorism Service Medal, Military Outstanding Volunteer Service Medal, Nuclear Deterrence Operations Service Medal, AF Longevity Service, Small Arms Expert Marksmanship Ribbon (Rifle), AF Training Ribbon.		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) (9A8) FUNDAMENTALS OF SYSTEMS ACQUISITION MGMT, JUL 2017; (ZRS) CONTRACT PLANNING, SEP 2017; (ZRT) CONTRACT EXECUTION, SEP 2017; (ZRU) CONTRACT MANAGEMENT, SEP 2017; (ZNK) SECURITY SUPERVISOR, SEP 2017; (LOO) AIR FORCE FUNDAMENTALS OF ACQUISITION MANAGEMENT (AFFAM), OCT 2017; (ZYB) PRINCIPLES OF DATA MGMT FOR RE, NOV 2017//SEE REMARKS//			
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	X	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	X	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: _____)			YES	X	NO
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				
		YES	NO		
			X		
18. REMARKS ITEM 14: (ZGA) DOD GOVERNEMENT PURCHASE CARD, DEC 2017; (ZGA) DOD GOVERNEMENT PURCHASE CARD, DEC 2017; (ZD2) CONTRACTING OFFICERS REPRESENTATIVE (COR) ONLINE TRAINING, JAN 2018; (ZBA) COST ANALYSIS, FEB 2018; (ZWO) INTRODUCTION TO EARNED VALUE MANAGEMENT, FEB 2018; (ZYH) FUNDAMENTALS OF SYSTEMS ENGINEERING (DISTANCE LEARNING), FEB 2018; (ZMF) RISK MANAGEMENT, AUG 2018; (ZEC) INTRODUCTION TO LEAN ENTERPRISE CONCEPTS, AUG 2018; (ZEA) VALUE ENGINEERING, AUG 2018. Member has completed first full term of service. Subject to recall to active duty and/or annual screening. -----NOTHING FOLLOWS----- 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) 8920 WASHINGTON BLVD W DR INDIANAPOLIS IN 46240			b. NEAREST RELATIVE (Name and address - include ZIP Code) FRANCES BARROW 8920 WASHINGTON BLVD W DR INDIANAPOLIS IN 46240		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) IN OFFICE OF VETERANS AFFAIRS				X	YES
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES
21a. MEMBER SIGNATURE MEMBER NOT AVAILABLE TO SIGN		b. DATE (YYYYMMDD) N/A	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name; grade, title, signature) CAC/PMI SIGNED BY MCLAUGHLIN, MELISSA YOLANDE. 1404291080 Melissa Y. McLaughlin, CTR, TFSC DD Form 214 Technician Sep 27 2021 11:54:21 AM (UTC) CAC Serial Number: 0104CA20 IssuerCN: DOD EMAIL CA-59		b. DATE (YYYYMMDD) 20210927
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RESIGNATION		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY AFI 36-3207		26. SEPARATION CODE FBK		27. REENTRY CODE N/A	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) N/A	

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

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1. NAME (Last, First, Middle) BARROW GREGORY DOUGLAS		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REGAF		3. SOCIAL SECURITY NUMBER [REDACTED] [REDACTED] [REDACTED]	
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b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	X	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: _____)			YES	X	NO
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				
		YES NO X			
18. REMARKS ITEM 14: (ZGA) DOD GOVERNEMENT PURCHASE CARD, DEC 2017; (ZGA) DOD GOVERNEMENT PURCHASE CARD, DEC 2017; (ZD2) CONTRACTING OFFICERS REPRESENTATIVE (COR) ONLINE TRAINING, JAN 2018; (ZBA) COST ANALYSIS, FEB 2018; (ZWO) INTRODUCTION TO EARNED VALUE MANAGEMENT, FEB 2018; (ZYH) FUNDAMENTALS OF SYSTEMS ENGINEERING (DISTANCE LEARNING), FEB 2018; (ZMF) RISK MANAGEMENT, AUG 2018; (ZEC) INTRODUCTION TO LEAN ENTERPRISE CONCEPTS, AUG 2018; (ZEA) VALUE ENGINEERING, AUG 2018. Member has completed first full term of service. Subject to recall to active duty and/or annual screening. -----NOTHING FOLLOWS----- 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.					
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21.a. MEMBER SIGNATURE MEMBER NOT AVAILABLE TO SIGN		b. DATE (YYYYMMDD) N/A	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) CAC/PMI SIGNED BY MCLAUGHLIN, MELISSA, YOLANDE.1404291080 Melissa Y. McLaughlin, CTR, TFSC DD Form 214 Technician Sep 27 2021 11:54:21 AM (UTC) CAC Serial Number: 0104CA20 IssuerCN: DOD EMAIL CA-59		b. DATE (YYYYMMDD) 20210927



317-509-6451

greg barrow 1@gmail.com

GWOT = theater operations service medal? Believe yes

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: Gregory D. Barrow
Address of Applicant's Principal Place of Abode: 6 Woodland Ave
Map and Lot Number of Applicant's Principal Place of Abode: 9-16-4
Date of Original Application to Municipality: 2-3-25

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) 6-2-17 - 10-1-21

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 Ramirez 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: _____