

RECEIVED  
APR 10 2017

2017

SENIOR CITIZEN EXEMPTION



DUE ON OR BEFORE MARCH 31 OF THE EXEMPTION YEAR  
 APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR.  
 Proof of age is required prior to application approval.

Name: Daniel Seaman Assessor's Parcel Number: 16921018  
 Mailing Address: Box 3076 Physical Address: 37783 Baneberry Pl  
 City: Homer AK Zip 99603 Legal Description: T SSR 15W SEC 24  
 Home Phone: \_\_\_\_\_ Sewing Meridian HM 0770058 L8 BIKS  
 Call Phone: \_\_\_\_\_ Spouse's Name: Audrey Seaman  
 Applicant's date of birth: \_\_\_\_\_ Spouse's date of birth: \_\_\_\_\_  
 Applicant's SSN: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

I am applying as a:  
 Senior age 65 and spouse     Individual age 65 or older     Surviving Spouse age 60 or older

Dwelling type:  
 Single Family     Multi-Family Dwelling  
 Mobile Home     Other  
 Condominium

Is any portion of this property used for:  
 Commercial Use?     Yes     No  
 Rental Purposes?     Yes     No  
 Explain: \_\_\_\_\_

Is occupancy shared with someone other than your spouse and / or minor children?     Yes     No  
 If yes, when did shared occupancy begin? \_\_\_\_\_  
 What portion of the home do they occupy? \_\_\_\_\_  
 If live-in care is medically necessary, attach letter from a physician recommending need for live-in care.

Do you or your spouse own property in another borough or state?    Please list your other property address, city, & state.  
 Yes     No

If yes, does the property receive exemption?     Yes     No

Alaska Permanent Fund Eligibility  
 When was the last year you applied for the Alaska Permanent Fund Dividend? 2017  
 Will you apply for the next Alaska Permanent Fund Dividend?  Yes     No    What year will that be? 2018

Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPBS Supplemental Form #1 or the application will be denied. (Supplemental forms are available at the Assessing Department or on-line.)

**I CERTIFY:** This property is my primary residence and permanent place of abode. I occupied it as my primary residence for a minimum of 185 days in the year prior to the year of this application. (If you do not meet this requirement, you must provide satisfactory evidence that you meet the statutory criteria for an allowable absence under AS 43.23.00B.)

I hereby attest that the information above is true and correct to the best of my knowledge, and I will notify the borough assessing department if I do not meet this requirement in any future year for the duration of this exemption.

Daniel Seaman    [Signature]    4/3/17  
 PRINT OR TYPE OWNER NAME    SIGNATURE    DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

NEW FILING	OCCUPANCY	AGE AKDL	FULL	VARIABLE	APPROVED	ENTERED BY  revised 12/2014
PRIOR FILING	OWNERSHIP 8.28.15	PERM FUND 2016 YES	CONTIG		DENIED	

RECEIVED  
APR 07 2017  
KPBS - HOMER

AFFIDAVIT OF Daniel Seaman  
(Senior Citizen or Disabled Veteran Name)  
AND APPLICATION FOR APPROVAL OF LATE FILING  
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KP Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

Failure to meet the filing deadline is based on the following good cause: Good cause means an inability to comply with the March 31 deadline that was caused by a serious condition or extraordinary event beyond the taxpayer's control. A serious condition or extraordinary event may include a serious medical condition or other similar serious condition or extraordinary event. (Absent extraordinary circumstances, a mere failure to pick up or read mail or to make arrangements for an appropriate and responsible person to pick up and read mail or a failure to provide a current address to the Department of Assessing will not be deemed good cause).

Please describe your serious medical condition or extraordinary event that caused your failure to meet the March 31<sup>st</sup> filing deadline. (Please attach any documentation you may have that supports your request).

Diagnosis of REDACTED  
REDACTED Had to go to Anchorage  
for treatment

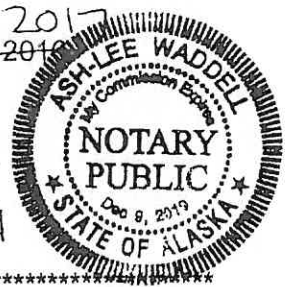
FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 07 day of April, ~~2016~~ 2017

[Signature]  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 07 day of April, ~~2016~~ 2017

[Signature]  
Notary Public, State of Alaska  
My Commission Expires: 12-09-2019



\*\*\*\*\*  
(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office.)

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_

# LATE FILER

## SENIOR CITIZEN EXEMPTION 2017



DUE ON OR BEFORE MARCH 31 OF THE EXEMPTION YEAR  
 APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR.  
 Proof of age is required prior to application approval.

Assessor's Parcel Number: **055-400-34**

Legal Description:

Physical Address: 48635 BERNICE AVE

T 5N R 11W SEC 22 Seward Meridian KN 0830063 MURWOOD  
 ESTATES SUB NO 4 LOT 2B BLK 5

  
 NANCY A GLONEK  
 48635 BERNICE AVE  
 SOLDOTNA AK 99669-9481

RECEIVED

APR 06 2017

KPB ASSESSING DEPT

Applicant's date of birth: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_

**I am applying as a:**

Senior age 65 and spouse
  Individual age 65 or older
  Surviving Spouse age 60 or older 7/8 4-6-17

<p><b>Dwelling type:</b></p> <p> <input checked="" type="checkbox"/> Single Family                 <input type="checkbox"/> Multi-Family Dwelling  <input type="checkbox"/> Mobile Home                 <input type="checkbox"/> Other  <input type="checkbox"/> Condominium             </p>	<p><b>Is any portion of this property used for:</b></p> <p>                 Commercial Use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Rental Purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Explain: _____             </p>
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**Is occupancy shared with someone other than your spouse and / or minor children?**  Yes  No

If yes, when did shared occupancy begin? \_\_\_\_\_

What portion of the home do they occupy? \_\_\_\_\_

*If live-in care is medically necessary, attach letter from a physician recommending need for live-in care.*

<p><b>Do you or your spouse own property in another borough or state?</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, does the property receive exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Please list your other property address, city, &amp; state.</b></p>
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**Alaska Permanent Fund Eligibility**

When was the last year you applied for the Alaska Permanent Fund Dividend? 2017

Will you apply for the next Alaska Permanent Fund Dividend?  Yes  No What year will that be? \_\_\_\_\_

Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPB Supplemental Form #1 or the application will be denied. (Supplemental forms are available at the Assessing Department or on-line.)

**I CERTIFY:** This property is my primary residence and permanent place of abode. I occupied it as my primary residence for a minimum of 185 days in the year prior to the year of this application. (If you do not meet this requirement, you must provide satisfactory evidence that you meet the statutory criteria for an allowable absence under AS 43.23.008.)

I hereby attest that the information above is true and correct to the best of my knowledge, and I will notify the borough assessing department if I do not meet this requirement in any future year for the duration of this exemption.

Nancy A. Glonek  
 PRINT OR TYPE OWNER NAME

Nancy Glonek  
 SIGNATURE

4-6-17  
 DATE

\*\*\*\*ASSESSOR'S USE ONLY \*\*\*\*

153V

NEW FILING	OCCUPANCY	AGE <u>AKDL</u>	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP <u>4-30-12</u>	PERM FUND <u>2017-yes</u>	CONTIG		DENIED	

revised 12/2014

AFFIDAVIT OF Nancy A. Glonek  
(Senior Citizen) or Disabled Veteran Name)  
AND APPLICATION FOR APPROVAL OF LATE FILING  
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

This Application is made Pursuant to A.S. 29.45.030 Required Exemptions and KPB Code 5.12.105. Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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Please describe your serious medical condition or extraordinary event that caused your failure to meet the March 31<sup>st</sup> filing deadline. (Please attach any documentation you may have that supports your request).

My veteran father, who is 93.

REDACTED

REDACTED

I had to

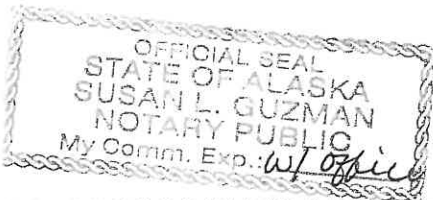
help him and my elderly mother. He was in VA hospital

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 6 day of April, 2017.

Nancy Glonek  
(Senior Citizen) and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 6 day of April, 2017.



Susan L. Guzman  
Notary Public, State of Alaska  
My Commission Expires: w/ office

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office.)

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_



# DISABLED VETERAN EXEMPTION

2017

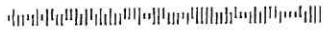
DUE ON OR BEFORE MARCH 31 OF THE EXEMPTION YEAR

APPLICANTS MUST PROVIDE DOCUMENTATION EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO QUALIFY

MAY 9 2017  
KPB ASSESSING DEPT

Return completed form and requested information to:

Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept



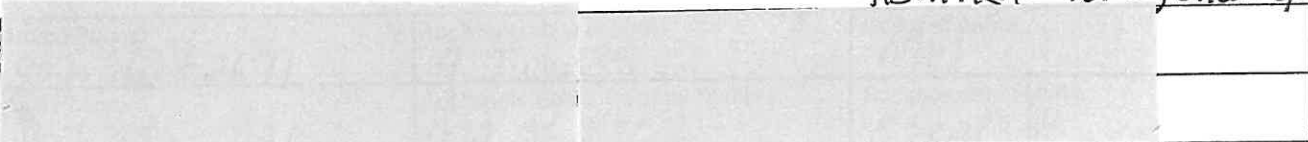
KROGSENG MELVA W & ROBERT J  
PO BOX 3913  
SOLDOTNA AK 99669-3913

Assessor's Parcel Number: **057-420-10**

Physical Address: 45843 BIG EDDY RD

Legal Description: T 5N R 10W SEC 19 Seward Meridian KN 2008026 RIVERSIDE SUB KROGSENG ADDN TRACT 2A

*fishino@krogstump.com*



I am applying as a:  Disabled Veteran  Surviving spouse age 60 or older

Have you received this exemption before?  No  Yes  
If YES, list the account/parcel number for the previous exemption: \_\_\_\_\_

Do you have a disability rated 50% or greater by the VA?  No  Yes

Is disability "service connected"?  No  Yes

Dwelling type:  
 Single Family  Condominium  Mobile Home  Multi-Family Dwelling  Other \_\_\_\_\_

What percent of ownership do you alone (or jointly with your spouse) have in this property? 100 %

Is any portion of this property used for any Commercial Purposes?  No  Yes Rental Purposes?  No  Yes

Is occupancy shared with someone other than your spouse and/or minor children?  No  Yes

If yes, when did shared occupancy begin? Date \_\_\_\_\_ What percent of the home do they occupy? \_\_\_\_\_ %

*If live in care is medically necessary, attach letter from the doctor.*

Do you or your spouse own property in another state?  No  Yes Forrest Land

If yes, do you receive any exemptions on that property?  No  Yes

When traveling outside the state of Alaska, at what address do you primarily reside?  
We have a motorhome & travel around

**I CERTIFY:** This property is my primary residence and permanent place of abode. I occupied it as my primary residence for a minimum of 185 days in the year prior to the year of this application. (If you do not meet this requirement, you must provide satisfactory evidence that you meet the statutory criteria for an allowable absence under AS 43.23.008.)

I hereby attest that the information above is true and correct to the best of my knowledge, and I will notify the borough assessing department if I do not meet this requirement in any future year for the duration of this exemption.

Robert T Krogseng *Robert T Krogseng* 5-9-17  
PRINT OR TYPE OWNER NAME SIGNATURE DATE

\*\*\*\*ASSESSOR'S USE ONLY\*\*\*\*

\_\_\_ New Filing \_\_\_ Occupancy \_\_\_ Denied \_\_\_ Approved Entered by:  
\_\_\_ Prior Filing \_\_\_ Ownership 80% Disability \_\_\_ Full \_\_\_ Variable \_\_\_ Contig



AFFIDAVIT OF \_\_\_\_\_  
(Senior Citizen or Disabled Veteran Name)  
AND APPLICATION FOR APPROVAL OF LATE FILING  
FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

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Please describe your serious medical condition or extraordinary event that caused your failure to meet the March 31<sup>st</sup> filing deadline. (Please attach any documentation you may have

REDACTED

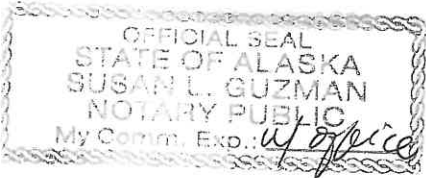
Please see Attached docs.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Saldotna, Alaska, this 9<sup>th</sup> day of May, 2017.

[Signature]  
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 9<sup>th</sup> day of May, 2017.



[Signature]  
Notary Public, State of Alaska  
My Commission Expires: w/office

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(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office.)

**ASSEMBLY ACTION:** APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_