



# DISABLED VETERAN EXEMPTION

## 2019

**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**

Return completed form and requested information to:  
Kenai Peninsula Borough - Assessing Dept. - 144 North Binkley - Soldotna, AK 99669  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.kpb.us/assessingdept

RECEIVED



BRADY JOSEPH WILLIAMS  
PO BOX 782  
KENAI AK 99611-0782

APR 2 2019  
KPB ASSESSING DEPT  
Property ID (PIN): **055-081-75**  
Physical Address: 34530 COMMERCE ST

Legal Description: T 5N R 11W SEC 35 Seward Meridian KN 0970074 ASHTON PARK SUB LOT 15 BLK 2

Home Phone: _____	Applicants date of birth: _____	Spouses name: <i>Micah Sue Williams</i>
Cell Phone: _____	Applicants Social Security Number: _____	Spouses date of birth: _____
I am applying as a: <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Surviving spouse age 60 or older		
Have you received this exemption before? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If YES, list the account/parcel number for the previous exemption: <i>Same</i>		
Do you have a disability rated 50% or greater by the VA? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Is disability "service connected"? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Dwelling type: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? <i>100</i> %		
Is any portion of this property used for any Commercial Purposes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Rental Purposes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is occupancy shared with someone other than your spouse and/or minor children? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____ % <i>If live in care is medically necessary, attach letter from the doctor.</i>		
Do you or your spouse own property in another state? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, do you receive any exemptions on that property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When traveling outside the state of Alaska, at what address do you primarily reside? <i>I don't!</i>		

**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.

*Brady Williams*

*[Signature]*

*2 Apr 19*

PRINT OR TYPE OWNER NAME

SIGNATURE

DATE

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

<input type="checkbox"/> New Filing	<input type="checkbox"/> Occupancy	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved
<input type="checkbox"/> Prior Filing	<input type="checkbox"/> Ownership	<input type="checkbox"/> Disability	<input type="checkbox"/> Full <input type="checkbox"/> Variable <input type="checkbox"/> Contig

Entered by: \_\_\_\_\_

**AFFIDAVIT OF** Brady Joseph Williams  
(Senior Citizen or Disabled Veteran Applicant Name)  
**AND APPLICATION FOR APPROVAL OF LATE FILING  
FOR SENIOR CITIZEN OR DISABLED VETERAN EXEMPTION**

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.

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). Failure to meet the filing deadline is based upon the following good cause:

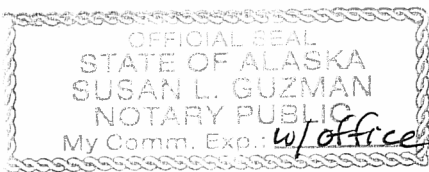
**Please describe the serious condition or extraordinary event that caused your failure to meet the March 31st filing deadline. (Please attach any documentation you may have that supports your request).**

I was work remotely on the North Slope and then on the Monopod Platform. I checked my mail box on Apr 1st as soon as I got into town. I was denied last year because I was 4 days late so I did not receive a reminder letter, was unable to have my spouse deliver it because her medical condition prevents her from driving.  
FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 2<sup>nd</sup> day of April, 2019

[Signature]  
Applicant Signature

SUBSCRIBED AND SWORN to before me this 2<sup>nd</sup> day of April, 2019



[Signature]  
Notary Public  
My Commission Expires: w/office

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

**Assembly Action:** APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_