



# Assessing Department

144 N. Binkley Street, Soldotna, Alaska 99669 • (907) 714-2230 • (907) 714-2393 Fax

## 2023 DISABLED VETERAN EXEMPTION

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

PIN: [REDACTED]



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Physical Address: [REDACTED]

Legal Description: [REDACTED]

KPB ASSESSING DEPT

[REDACTED]

Kenai, AK 99611

Applying as:  Disabled Veteran  Surviving Spouse Age 60 or Older

Date of Birth (MM/DD/YYYY): [REDACTED] Email: [REDACTED]

Primary Phone: [REDACTED] Secondary Phone: \_\_\_\_\_

### PROPERTY INFORMATION

Type of Residence:  Single Family  Multi-Family Dwelling  Other (Explain): \_\_\_\_\_

Is any portion of this property used for rental or commercial purposes?  Yes  No

If you answered Yes above, what is the square footage used for that purpose? \_\_\_\_\_ sq.ft.

Do you share occupancy with someone other than your spouse or minor child?  Yes  No

If you answered Yes above, what is the square footage, excluding common areas (i.e. kitchen, family room, etc), occupied by that individual(s)? \_\_\_\_\_ sq. ft. **\*\*The KPB Assessing Department uses spatial apportionment to calculate exemption value\*\***

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

### EXEMPTION QUALIFICATIONS

Do you own property in another state or borough?  Yes  No

If Yes, please provide the physical address, city and state for those properties  
[REDACTED] Brookshire, TX 77423 - Hangar in TX

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

Is disability "service connected"?  Yes  No

### CERTIFICATION

I hereby certify that the answers given on this application are TRUE AND CORRECT to the best of my knowledge and attest that this property is my primary residence and permanent place of abode. I will occupy it as my primary residence for a minimum of 185 days each year that I receive this exemption. I will notify the KPB Assessing Department of any changes that may affect my eligibility for this exemption. This could include but is not limited to being out of state for more than 180 days or a recorded deed change that would affect the applicant's ownership. I understand that the KPB Assessor may require proof of eligibility.

Signature of Applicant or Authorized Representative: [REDACTED] Date 7/6/2023

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

|                   |            |        |          |          |            |
|-------------------|------------|--------|----------|----------|------------|
| SPBV<br>OWNERSHIP | DISABILITY | FULL   | VARIABLE | APPROVED | ENTERED BY |
|                   | PERMANENT  | CONTIG |          | DENIED   |            |

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KPB ASSESSING DEPT

**AFFIDAVIT OF** \_\_\_\_\_  
(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).**

After consulting with the assessing office, they said did not receive the application I sent in December 2022. I did suffer a serious medical condition in August 2022 in Anchorage that left me unable to walk and disabled for several months. I was out on medical leave from work during this time and was not independent enough to do much of anything. However, my primary reason for this application is because the assessing office did not receive the application I mailed. I remember printing out my application (because I had to get my printer working) and waiting for them to plow the road before driving to the post office and mailing it.

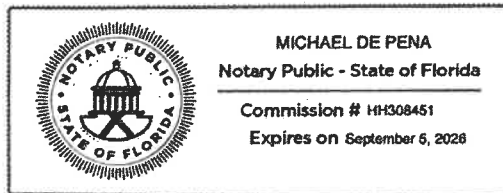
FURTHER AFFIANT SAITH NAUGHT.

Dated at Kenai, Alaska, this 6th day of July, 20 23

\_\_\_\_\_

Applicant Signature, Trustee

SUBSCRIBED AND SWORN to before me this 6 day of JULY, 20 23



Michael De Pena

Notary Public  
My Commission Expires: 09/05/2026

Notarized online using audio-video communication

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

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