

AFFIDAVIT OF Linda L. Reid
(Senior Citizen or Disabled Veteran Applicant Name)
**AND APPLICATION FOR APPROVAL OF LATE FILING
FOR SENIOR CITIZEN OR DISABLED VETERAN EXEMPTION**

RECEIVED
JUN 23 2021
KPB ASSESSING DEPT.

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 care-taking my husband who had a life-altering fall which required numerous surgeries, follow up physical therapy and home care from myself. we will email the medical files.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer, Alaska, this 21st day of June, 2021

Linda L. Reid
Applicant Signature

SUBSCRIBED AND SWORN to before me this 21 day of June, 2021

[Signature]
Notary Public
My Commission Expires: 9-12-2024

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

Assembly Action: APPROVED _____ DENIED _____

RECEIVED

JUN 23 2021

KPB ASSESSING DEPT



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.

2021

PIN: 17508154



Physical Address: 4049 WEST HILL RD

IAN S & LINDA L REID
HOMER AK 99603-0786

Legal Description: T 6S R 14W SEC 24 Seward Meridian HM
2002084 HILLSIDE ACRES SUB REPLAT TRACT 4A & 4B TRACT 4-A-1

Cell Phone: 907 [Redacted]
Applicant's Date of Birth: [Redacted]
Applicant's SSN: [Redacted]

Home Phone: [Redacted]
Spouse's Name: [Redacted]
Spouse's Date of Birth: [Redacted]
Spouse's SSN: [Redacted]

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 a letter from a physician recommending need for live-in care.

Do you or your spouse own property in another Borough or State? YES NO
Please list your other property address, city & state: _____
If YES, does the property receive an exemption? YES NO

Alaska Permanent Fund Eligibility

When was the last year you applied for the Alaska Permanent Fund Dividend? 2021
Will you apply for the next Permanent Fund Dividend? YES NO What year will that be? 2022
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.)

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.

Linda L. Reid
PRINT OWNER NAME

Linda L. Reid
SIGNATURE

June 21, 2021
DATE

SBV

		1954 *** ASSESSOR'S USE ONLY ***					
NEW FILING	OCCUPANCY	AGE	FULL	VARIABLE	APPROVED	ENTERED BY	
		AKDL					
PRIOR FILING	OWNERSHIP	PERM FUND	CONTIG		DENIED		
	6.3.05	2021 yes					

221/S