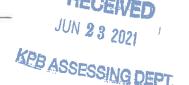
AFFIDAVIT OF Linda L. Reid

(Senior Citizen or Disabled Veteran Applicant Name)



AND APPLICATION FOR APPROVAL OF LATE FILING FOR SENIOR CITIZEN OR DISABLED VETERAN EXEMPTION

This application is made pursuant to <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. Real Property <u>Tax - Exemptions - Senior Citizens</u>, <u>Disabled Veterans and surviving spouses thereof.</u>

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 awhich required							
numerous sugeries, follow up physical							
therapy and home care from myself. Therapy and home care from myself. The will email the medical files.							
FORTHER AFFIANT SALTH NAUGHT.							
Dated at Home Alaska, this 21 day of June 2021							
Applicant Signature							
SUBSCRIBED AND SWORN to before me this 2/ day of							
Notary Public							
My Commission Expires: 2-12-204							
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

SENIOR CITIZEN EXEMPTION

2021

DUE ON OR BEFORE MARCH 31 OF THE EXEMPTION TEAR SSESS APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR.

Proof of age is required prior to application approval.

PIN: 17508154



FIN. 17306134					I DANS IN SOCIETY SENSONS WAS SENSONS INTO		
P			Physical Address: 4049 WEST HILL RD				
PARTHUM AND	<u> </u>						
IAN S & LINDA L	REID	Lo 2	egal Description	: T 6S R 14W SEC 24 ACRES SUB REPLA	4 Seward Meridian HM T TRACT 4A & 4B TRACT 4-A-		
HOMER AK 9960	3-0786	ī					
		F	lome Phone:				
Cell Phone: 90		<u> </u>	pouse's Name				
Applicant's Date o		s s	pouse's Date				
Applicant's SSN:			pouse's SSN:	Access and			
l am applying as a:	X Senior	age 65 and spo	Jse				
	<u> と</u> Individ	dual age 65 or of	der	Surviving s	pouse age 60 or older		
Dwelling Type:				of this property			
Single Family N	Aulti-Family Dwellir	ng (Commercial l	_	YES X NO		
Mobile Home C	Other	1	Rental Purpos	_ \$2e	YES X NO		
Condominium							
Is occupancy shared with some	one other than yo	ur spouse and/o	minor childre	n? _	YES X_NO		
If yes, when did shared occupa	ancy begin?						
What portion of the home do the	hey occupy?						
If live-in care is medically necessary,	, attach a letter from	a physician recom	mending need	for live-in care.			
Do you or your spouse own pro	perty in another Bo	orough or State?	Please list you	r other property	address, city & state:		
YES 🔀 NO							
If YES, does the property receive an	exemption? YES	S NO					
Alaska Permanent Fund Eligibility							
When was the last year you ap	oplied for the Alask	ka Permantent Fi	und Dividend	2021			
Will you apply for the next Permanent Fund Dividend? Y 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.)							
I CERTIFY: This property is my prim 185 days in the year prior to the year you meet the statutory criteria for an to the best of my knowledge, and I duration of this exemption.	ır of this application. (n allowable absence	If you do not meet under AS 43.23.008	this requirement .) I hereby attes	, you must provide t that the informat	e satisfactory evidence that ion above is true and correct		
Linda L. Reid	_ Zn	de L Al	ul		Jun 21, 202/		
PRINT OWNER NAME SIGNATURE DATE							
	1954 ****	ASSESSOR'S USE	ONLY ****				
NEW FILING OCCUPANCY	AGE AKDL	FULL	VARIABLE	APPROVED	ENTERED BY		
PRIOR FILING OWNERSHIP	PERM FUND	CON	riG	DENIED			
6.3.05	2021 VOS	P		*			