



Assessing Department

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

2023 SENIOR EXEMPTION

DUE ON OR BEFORE MARCH 31ST OF THE EXEMPTION YEAR

APPLICANTS MUST BE 65 ON OR BEFORE DECEMBER 31ST OF THE PRECEDING YEAR (PROOF OF AGE REQUIRED)

Parcel ID (PIN): [REDACTED]



Physical Address: 64419 DIAMOND RIDGE RD

[REDACTED]

Legal Description [REDACTED]



BY: *AS*

Applying as: Individual Age 65 or Older Surviving Spouse Age 60 or Older

Date of Birth (MM/DD/YYYY): [REDACTED] 1941

Email: [REDACTED]

Primary Phone: [REDACTED]

Secondary Phone: [REDACTED]

PROPERTY INFORMATION

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

Has this property been transferred to a trust? Yes No (If Yes, please provide a copy of your trust or certification of trust)

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 *for Medical Reasons*

If you answered Yes above, what is the square footage, excluding common areas (i.e. kitchen, family room, etc), occupied by that individual(s)? 144 sq. ft. ****The KPBA Assessing Department uses spatial apportionment to calculate exemption value****

Are any other dwellings on this property occupied by someone other than your spouse or minor child? Yes No

If Yes, please explain: _____

EXEMPTION QUALIFICATIONS

Are you age 65 or older by January 1, 2023? Yes No (Please provide proof of age)

Were you eligible for the 2022 Alaska Permanent Fund Dividend (PFD)? Yes No *Did not apply*

Applicants who do not receive a PFD must complete a KPBA Supplemental Form #1 (available in KPBA Assessing Department or online)

Will you occupy the property for at least 185 days each year you receive this exemption? Yes No

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

If Yes, please provide the physical address, city and state for those properties _____

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 KPBA 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 KPBA Assessor may require proof of eligibility.

Signature of Applicant or Authorized Representative [REDACTED]

Date 6-6-23

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

SPBV	AGE	PERM FUND	APPROVED	DENIED	CONTIG	OWNERSHIP
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Reapply

RECEIVED
JUN 06 2023

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

BY: _____

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:

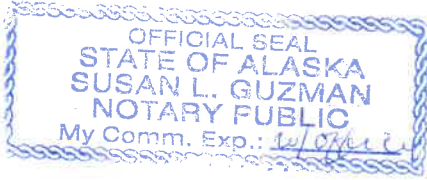
Please describe the serious condition or extraordinary event that caused your failure to meet the March 31st filing deadline. (Please attach any documentation you may have that supports your request).

_____ needs assistance for indep. living. from Aug. 25, 2021-June 27, 2022
_____ visited _____ son in Portland, Oregon as assistance wasn't available
in Homer during that time. No adult-living care givers were available
in Homer at that time. _____ son _____ said he applied for the perm.
fund during that time & we had _____ doctor in Homer acknowledge _____ need (medical)
FURTHER AFFIANT SAITH NAUGHT. to be out of state. →

Dated at Soldotna, Alaska, this 06 day of June, 2023

Applicant Signature

SUBSCRIBED AND SWORN to before me this 6 day of June, 2023



Susan Guzman
Notary Public
My Commission Expires: with 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 _____

Mail was not received in a timely manner. Our mailing address was not entered correctly at the borough. [REDACTED] Rd is our physical + mailing address, however it was entered here as P.O. Box [REDACTED]

In addition, [REDACTED] is not capable of handling his mail at this time due to Dementia issues and [REDACTED] (myself) was teaching in Kaltag over the past school year. The mail was not received + opened until I arrived home over the past week, June 2023.