

2021

# 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.



PIN: 15701204



Physical Address: 63736 NOËL CT

Legal Description: T 1S R 13W SEC 7 Seward Meridian HM  
0860045 SUMMERSET ACRES SUB LOT 1

JIM R LEE

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Applicant's Date \_\_\_\_\_

Spouse's Date of B \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_

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  
If YES, does the property receive an exemption?  YES  NO

Please list your other property address, city & state:  
*Sold property in Willow, AK several years ago. answered incorrectly per title*

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? 2021  
Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPBS 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.

Jim R. LEE  
PRINT OWNER NAME

Jim R. Lee  
SIGNATURE

4-1-2021  
DATE

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

NEW FILING	OCCUPANCY	AGE	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP	PERM FUND	CONTIG		DENIED	
	<u>6-14-19</u>	<u>1948</u>				
		<u>AKDC</u>				
		<u>2020</u>				
		<u>yes</u>				

\*50K  
15 MV

RECEIVED

APR 14 2021

AFFIDAVIT OF Jim R. LEE  
(Senior Citizen or Disabled Veteran Applicant Name)

KPB ASSESSING DEPT

**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).**

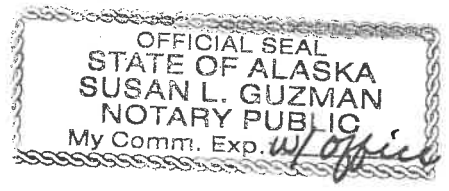
I thought I was already exempt since I am  
72 years old and did not receive a tax bill  
I received your letter dated 2-22-21 and filed for my  
Senior Exemption

FURTHER AFFIANT SAITH NAUGHT.

Dated at 4-14-2021, Alaska, this 4 day of 14, 2021

Jim R. Lee  
Applicant Signature

SUBSCRIBED AND SWORN to before me this 14 day of April, 2021



Susan L. Guzman  
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 \_\_\_\_\_



# Property Tax

PO Box 3040, Soldotna, Alaska 99669 • (907) 714-2304 • (907) 714-2376 Fax

*A Division of the Finance Department*

Charlie Pierce  
Borough Mayor

February 22, 2021

Jim R Lee  


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APR 14 2021

KPB ASSESSING DEPT

Re: Parcel 15701204

Tax Year's: 2019 and 2020

Mr. Lee,

The Assessing Department notified me of a clerical error on parcel 15701204, 63736 Noel Ct. It was discovered that the deed was not posted so you did not receive the 2019 or 2020 property tax bills. The enclosed property tax bill reflects taxes owing for 2019 and 2020. Please contact me if you have any questions.

Sincerely,

Jennifer VanHoose

Kenai Peninsula Borough  
Property Tax and Collections Manager  
[jvanhoose@kpb.us](mailto:jvanhoose@kpb.us)  
907-714-2173

enc

RECEIVED

APR 5 2021



DISABLED VETERAN EXEMPTION KPB ASSESSING DEPT

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

2021

Name: William G A White
Property ID (PIN): 06501206
Mailing Address: [Redacted]
Physical Address: 38094 Great Land St. Sterling
City: [Redacted]
Legal Description: T 5N R 8W SEC7 SEWARD
Home Phone:
MERIDAN KN SOUTH 110FT OF GOVT LOT14
Cell Phone:
Spouse's Name:
Applicant's D:
Spouse's Date:
Applicant's S:
Spouse's SSN:

I am applying as a:
[X] Disabled Veteran
Surviving spouse age 60 or older

Dwelling Type:
[X] 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? (Date)
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? X YES NO
38110 Great Land St. Syerling, Ak

Disability Eligibility
Have you applied for this exemption before? YES NO
If YES, list the account/parcel number for the previous exemption:
Do you have a disability rated 50% or greater by the VA? X YES NO
Is disability "service connected"? X YES NO

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.

William G A White
Signature: William G A White
Date: 3/31/2021
PRINT OWNER NAME SIGNATURE DATE

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

Table with columns: NEW FILING, OCCUPANCY, DISABILITY, FULL, VARIABLE, APPROVED, ENTERED BY. Includes handwritten entries: 100%, 8.2.2016, NOT PERM.

SBV

(see reverse side)

RECEIVED

APR 6 2021

KPB ASSESSING DEPT

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

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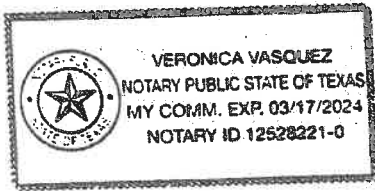
**Please describe the serious condition or extraordinary event that caused your failure to meet the March 31st filing deadline. (Please attach any documentation you may have that supports your request).**

I have [redacted] which the VA has been planning surgery on for over a year. Due to covid & not life threatening it was delayed. I was notified Feb 28 that surgery would be March 5. [redacted] unable to do my affairs,  
 FURTHER AFFIANT SAITH NAUGHT.

Dated at Humole <sup>Texas</sup> ~~Alaska~~, this 5 day of April, 2021

W. G. A. White  
 Applicant Signature

SUBSCRIBED AND SWORN to before me this 5 day of April, 2021



Veronica Vasquez  
 Notary Public  
 My Commission Expires: 03/17/2024

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

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



# 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

## 2021

PIN: 17372011



### RECEIVED

APR 14 2021

Physical Address: 2281 SPRUCEWOOD DR

DAREN EDWARD HILL

### KPB ASSESSING DEPT.

Legal Description: T 6S R 14W SEC 14 Seward  
Meridian HM 0820009 RAVEN RIDGE SUB LOT 7

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Applicant's Do \_\_\_\_\_

Applicant's SSI \_\_\_\_\_

Spouse's Name  
 Spouse's Date  
 Spouse's SSN

**I am applying as as:** \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ 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? (Date) \_\_\_\_\_  
 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

**Disability Eligibility**  
 Have you applied for this exemption before? \_\_\_\_\_ YES  NO  
 If YES, list the account/parcel number for the previous exemption: \_\_\_\_\_  
 Do you have a disability rated 50% or greater by the VA?  YES \_\_\_\_\_ NO  
 Is disability "service connected"?  YES \_\_\_\_\_ NO

**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.

Daren Hill

*[Signature]*

5/12/2021

PRINT OWNER NAME

SIGNATURE

DATE

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

NEW FILING	OCCUPANCY	DISABILITY 80%	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP 10-23-08	PERMANENT NOT PERM	CONTIG		DENIED	

SBL

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

**RECEIVED**  
APR 14 2021  
**KPB ASSESSING DEPT.**

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**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 injured while deployed 12/19-7/20. After a  
lengthy application period I received my VA determination  
on 4/10/21. This determination was back dated to  
12/01/20.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 1115 Alaska, this 12 day of April, 20 21

  
Applicant Signature

SUBSCRIBED AND SWORN to before me this 12<sup>th</sup> day of APRIL, 20 21

**State of Alaska**  
**NOTARY PUBLIC**  
Adam Stover  
My Commission Expires Mar 6, 2024

  
Notary Public  
My Commission Expires: MARCH 6<sup>th</sup> 2024

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

060-021-13

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

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**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).**

The only reason I can give is that I work full time, go to school and am a parent of two young children. I hate to say it, but sometimes these things fall through the cracks. I do hope you take this into consideration. Thank you.

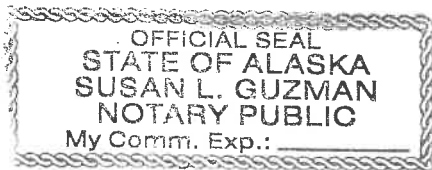
FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 12 day of April, 20 21

Garrett Todd

Applicant Signature

SUBSCRIBED AND SWORN to before me this 12 day of April, 20 21



Susan Guzman

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 \_\_\_\_\_



RECEIVED

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

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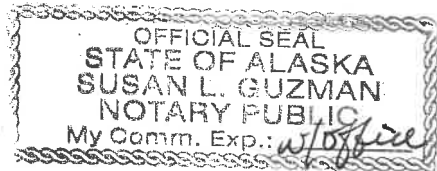
US. postal service does not deliver to  
my Home address. I got letter <sup>to</sup> late

I request of VA send letter February + November  
I Assumed it was sent already  
FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldatna, Alaska, this 2 day of April, 2021

[Signature]  
Applicant Signature

SUBSCRIBED AND SWORN to before me this 2nd day of April, 2021



Susan Guzman  
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 \_\_\_\_\_