

2017

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.

Name: SARA L. JACKINSKY
Mailing Address: PO BOX 1044
City: Homer AK Zip 99603
Home Phone: 907.235.6417
Cell Phone: 907.299.15621
Applicant's date of birth: REDACTED
Applicant's SS: REDACTED

Assessor's Parcel Number: 17302119
Physical Address: 68099 Walter Thomas Rd
Legal Description: T6S 14W Sec 8 Seward Meridian HM NE 1/4 SE 1/4
Spouse's Name: deceased - Kenneth M. Jones
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?, Rental Purposes?
Is occupancy shared with someone other than your spouse and / or minor children?
Do you or your spouse own property in another borough or state?
Please list your other property address, city, & state.
Alaska Permanent Fund Eligibility
When was the last year you applied for the Alaska Permanent Fund Dividend? 2017
Will you apply for the next Alaska Permanent Fund Dividend? Yes No What year will that be? 2018

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.

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.

Sara L. Jackinsky
PRINT OR TYPE OWNER NAME
Signature
SIGNATURE
9.28.2017
DATE

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

Table with columns: NEW FILING, OCCUPANCY, AGE, FULL, VARIABLE, APPROVED, ENTERED BY. Includes handwritten entries like 'AK DL', 'PERM FUND 2017 YES', and 'revised 04/2017'.

AFFIDAVIT OF Sara L. Jackinsky
(Senior Citizen or Disabled Veteran Name)
**AND APPLICATION FOR APPROVAL OF LATE FILING
 FOR SENIOR CITIZEN AND/OR DISABLED VETERAN**

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.

Failure to meet the filing deadline is based on the following good cause: 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).

Please describe your serious medical 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).

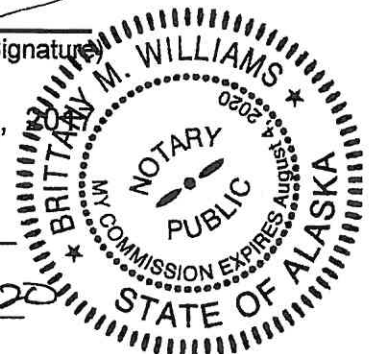
My husband, Kenneth Jones, died unexpected by in November 2016
Neither I nor the estate was sent notice to file - I was unaware that
I had to do so. We pay our taxes in full in October of each year, & have had
no reason to scan KPB assessments at other times. I have been in shock & depressed
for many months and am attempting to keep up with mud paperwork: est. L.
 FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer , Alaska, this 29 day of September , 2017.

Sara L. Jackinsky
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 29 day of September

Brittany M. Williams
 Notary Public, State of Alaska
 My Commission Expires: 08/04/2020



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

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____