

## 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

Physical Address:    HOMER AK 9960;   Applying as:   Individual Age 65 or Older   Surviving Spouse Age 60 or Older   Surv		IED CONTIG OWNERSHIP	
Physical Address:    Home   Ho	107		
TECKERT  HOMER AK 9960:  Applying as: Individual Age 65 or Older Surviving Spouse Age 60 an Older Email:  Becondary Phone:  Secondary Phone:  Secondary Phone:  Secondary Phone:  Secondary Phone:  PROPERTY INFORMATION  Type of Residence: Single Family Multi-Family Dwelling Other (Explain):  Has this property been transfered 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 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 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 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 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 Yes, please exploin: Yes Yes No (Please provide proof of any of the development of the purpose of the p			
TECKERT  HOMER AK 99603  Applying as: Individual Age 65 or Older Surviving Spouse Age 60 or Older Date of Birth (MM/DD/YYYY)  Firmary Phone: Secondary Phone: S			
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Physical Address:  JUN 2 0 2023  Physical Address:  T.ECKERT  HOMER AK 99603  Applying as: Individual Age 65 or Older	CERTIFICATION		
Physical Address:	The rol box house	are a	
Physical Address:    JUN 2 0 2023   Physical Address:   Jun   Jun	If Yes, please provide the physical address, city and state for those properties		
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APPLICANTS MUST BE 65 ON OR BEFORE PECEMBER 2155 OF THE PRECEDING YEAR (PROOF OF AGE REQUIRED)	Parcel ID (PIN):		

#### AFFIDAVIT OF

(Senior Citizen or Disabled Veteran Applicant Name)

# **RECEIVED**JUN **2 0** 2023

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

T.ECKERT

This application is made pursuant to <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. <u>Real Property 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).

E could not coun	plete in Alaska, Plus replacement	
(Jan > March) in	Process completed over a 3 month 2023.	
FURTHER AFFIANT SAITH NAUGHT.		
Dated a Sterling Honer, Ala	ska, this <u>20<sup>fn</sup></u> day of <u>June</u> , 20 <u>23</u>	
	Applicant Signature	
SUBSCRIBED AND SWORN to before me t	his Zot day of Iwwe 20 23	
GARRETT COOPER Notary Public State of Alaska My Commission Expires Aug 26, 2026	Notary Public My Commission Expires: 08-26-2020	
Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly by the Mayor's Office.		
Assembly Action: APP	PROVED DENIED	