



SENIOR CITIZEN EXEMPTION 2017



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.

Assessor's Parcel Number: **173-241-26**

Legal Description:

Physical Address: 260 WHISPERING MEADOWS AVE

T 6S R 13W SEC 18 Seward Meridian HM 0860104 WESTWOOD
ESTATES SUB NO 3 LOT 25-B

BONDOLI JOHN EDWARD & DONNA C AMD RESTATED

REVOCABLE TRUST

PO BOX 66

HOMER AK 99603-0066

Applicant's date of birth: 5/22/42

Applicant's SSN : _____

Home Phone: N/A

Spouse's name: DONNA C BONDOLI

Cell Phone: _____

Spouse's date of birth: 3/6/42

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 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.

9720 W Brokenstone Dr SC Az 85351

64 CHIPETA RD RFL, CO 80545

If yes, does the property receive exemption?

☐ Yes

☒ No

Alaska Permanent Fund Eligibility

When was the last year you applied for the Alaska Permanent Fund Dividend? 2014

Will you apply for the next Alaska Permanent Fund Dividend? ☐ Yes ☒ No What year will that be? _____

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 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.

JOHN E BONDOLI
PRINT OR TYPE OWNER NAME

[Signature]
SIGNATURE

7/13/17
DATE

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

NEW FILING	OCCUPANCY	AGE	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP	PERM FUND	CONTIG		DENIED	

revised 12/2014

RECEIVED

Jul 24 2017

KPB ASSESSING DEPT.

AFFIDAVIT OF JOHN E BONDIOLO
(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).

CONTINUOUS MEDICAL TREATMENT UNDER A

LICENSED PHYSICIAN'S CARE FOR NORMAL

REDACTED

- OUT OF STATE

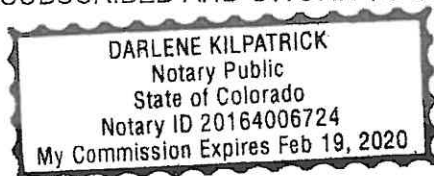
SEE ATTACHED DOCUMENTATION

FURTHER AFFIANT SAITH NAUGHT.

Dated at Larimer County, Colorado, ~~Alaska~~, this 18 day of July, 2017.

John E. Bondiollo
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 18 day of July, 2017.



Darlene Kilpatrick
Notary Public, State of ~~Alaska~~ Colorado
My Commission Expires: Feb. 19, 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 _____



SENIOR CITIZEN EXEMPTION 2017



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.

Assessor's Parcel Number: 169-071-01

Legal Description:

Physical Address: 73430 TWIN PEAKS LOOP

T 5S R 15W SEC 4 Seward Meridian HM 0820015 ANCHOR
HEIGHTS PARK SUB NO 4 LOT 1-A BLK 2

ENGLISHBEE VIRGIL W LIVING TRUST

PO BOX 201
ANCHOR POINT AK 99556-0201

JUL 19 2017

KPB ASSESSING DEPT

Applicant's date of birth: 9-19-41

Applicant's SSN : _____

Home Phone: 907- _____

Spouse's name: _____

Cell Phone: 907- _____

Spouse's date of birth: _____

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 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 exemption?

☐ Yes

☒ No

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

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 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.

Jeanne Englishbee
PRINT OR TYPE OWNER NAME

Jeanne Englishbee
SIGNATURE

7-20-17
DATE

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

NEW FILING	OCCUPANCY	AGE	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP	PERM FUND	CONTIG	DENIED		

revised 12/2014

RECEIVED

JUL 19 2017

KPB ASSESSING DEPT

AFFIDAVIT OF Jeanne Englishbee
(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.

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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 died 9-16-16. Before this my son died 2-6-15. Huge
bereavement for me.

REDACTED

REDACTED

17, Two

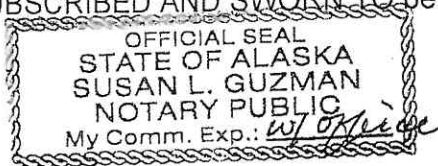
A + 30

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldovia, Alaska, this 20 day of July, 2017.

Jeanne Englishbee
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 20 day of July, 2017.



Susan Guzman
Notary Public, State of Alaska
My Commission Expires: w/ office

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

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____



SENIOR CITIZEN EXEMPTION 2017



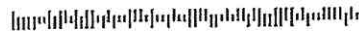
DUE ON OR BEFORE MARCH 31 OF THE EXEMPTION YEAR
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR.
Proof of age is required prior to application approval.

Assessor's Parcel Number: **058-021-25**

Legal Description:

Physical Address: 41860 EAST LAKE AVE

T 5N R 10W SEC 11 Seward Meridian KN 0780005 MACKEY
LAKES SUB NORTH ADDN LOT 3 BLK 1



HARRY E TEMPLE
41860 E LAKE AVE
SOLDOTNA AK 99669-9006

RECEIVED

JUL 18 2017

Applicant's date of birth: _____

Applicant's SSN: _____

Home Phone: _____

KPB ASSESSING DEPT

Spouse's name: Barbra Temple

Cell Phone: 907

Spouse's date of birth: _____

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 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 exemption?

☐ Yes

☒ No

Palacios TX.

Alaska Permanent Fund Eligibility

When was the last year you applied for the Alaska Permanent Fund Dividend? 2016

Will you apply for the next Alaska Permanent Fund Dividend? ☒ Yes ☐ No What year will that be? 2018

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 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.)

away for medical
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.

Harry E Temple
PRINT OR TYPE OWNER NAME

Harry E Temple
SIGNATURE

7-18-2017
DATE

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

NEW FILING	OCCUPANCY	AGE	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP	PERM FUND	CONTIG	DENIED		
		<u>Prior</u>				
		<u>2016 yes</u>				

revised 12/2014

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JUL 18 2017

KPB ASSESSING DEPT

AFFIDAVIT OF Harry Earl Temp's
 (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.

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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).

REDACTED

REDACTED

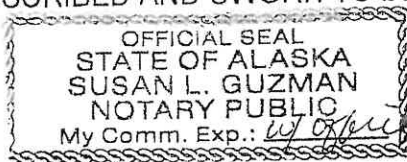
after local treatment and is located in Houston Tex and
were absent more than 180 days.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 18 day of July, 2017.

Harry Earl Temp's
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 18 day of July, 2017.



Susan L. Guzman
 Notary Public, State of Alaska
 My Commission Expires: w/office

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

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____



SENIOR CITIZEN EXEMPTION 2017



DUE ON OR BEFORE MARCH 31 OF THE EXEMPTION YEAR
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31 OF THE PRECEDING YEAR.
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Assessor's Parcel Number: **174-060-85**

Legal Description:

T 6S R 13W SEC 10 Seward Meridian HM 2009020
STAUBYESKA SUB LOT 4

Physical Address: 63413 SKYLINE DR



STAUBER STEVEN
PO BOX 2985
HOMER AK 99603-2985

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JUL 13 2017

KPB - HOMER

Applicant's date of birth: _____

Applicant's SSN: _____

Home Phone: _____

Spouse's name: Deborah Purington

Cell Phone: 907-

Spouse's date of birth: _____

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 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 exemption? ☐ Yes ☒ No

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

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 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.

Steven D. Stauber
PRINT OR TYPE OWNER NAME

[Signature]
SIGNATURE

07-13-2017
DATE

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

NEW FILING	OCCUPANCY	AGE <u>AKDL</u>	FULL	VARIABLE	APPROVED	ENTERED BY
PRIOR FILING	OWNERSHIP	PERM FUND <u>2017 yes</u>	CONTIG	DENIED		revised 12/2014

AFFIDAVIT OF

Steven D. Stauber
(Senior Citizen or Disabled Veteran Name)

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

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Real Property Tax-Exemptions - Senior Citizens, Disabled Veterans and surviving spouses thereof.

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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).

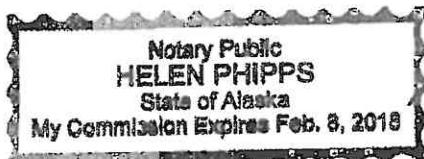
Returned from out of country 2 wks prior to deadline at which point
we were focused on meeting assessment appeal deadline and having to
arrange unplanned out of state trip to move elderly parents. Overlooked
requirement to apply for senior exemption.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 13 July 2017, Alaska, this 13th day of July, 2017.
Honolulu - KPB

[Signature]
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 13th day of July, 2017.



[Signature]
Notary Public, State of Alaska
My Commission Expires: Feb 8, 2018

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

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

RECEIVED

JUL 19 2017

KPB ASSESSING DEPT

AFFIDAVIT OF

Grant Phillips

(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 ^{July 1} 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).

The deadline for the senior hardship is July 1. My application was submitted 7/18/2017. I'm 94 and now do not travel out of my home. No renewal was mailed to me. Renewals are not mailed for senior hardship applications.
FURTHER AFFIANT SAITH NAUGHT.

Dated at _____, Alaska, this ____ day of _____, 2017.

Grant Phillips

(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 2017.

Notary Public, State of Alaska

My Commission Expires: _____

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

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____



SENIOR CITIZEN/DISABLED VETERAN HOMEOWNERS

APPLICATION FOR HARDSHIP EXEMPTION

In accordance with AS 29.45.030 (e) and 3AAC135.040, a municipality may, in case of hardship, provide for exemption beyond the mandatory state exemption. Application for this exemption must be submitted to the municipal assessor before July 1, or before a date provided by local ordinance, of the exemption years.



1. Name of Municipality:

Kenai Peninsula Borough

2. Parcel Number or Legal Description of Property:

055-550-44

3. Name of Applicant:

Tommye Jo Corr

4. Mailing Address:

5. Phone Number:

(907)

7. Gross Household Income:

\$ 94,001

* Attach Appropriate IRS Documentation.

* Definition: Gross household income means total annual compensation, earned and unearned, from all sources of all members of the household for the calendar Year prior to the year of this application.

8. Explanation of Hardship:

Income is 94,001

9. Certification

I hereby certify that the answers given on this application are true and correct to the best of my knowledge.
I understand that a willful misstatement is punishable by a fine or imprisonment under AS 11.56.210.

Signature of Applicant:

Date:

Tommye Jo Corr
7-17-2017

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JUL 17 2017

KPB ASSESSING DEPT

Following is for Local Assessor/Clerk Use Only

10. Calculation of Hardship Exemption:

Assessed Value	Land	+	Building	=	Total
	\$		\$		\$ (A)
	Mandatory	+	Optional	=	Total Exemptions
Exemption:	\$		\$		\$ (B)
Taxable Value After Exemptions (Line A minus Line B)				=	\$ (C)
Applicable Mill Rate				=	\$ (D)
Net Tax Due (Line C multiplied by Line D)				=	\$ (E)
Gross Household Income (from 7 above) multiplied by 2%				=	\$ (F)
Allowable Hardship Exemption (Line E minus Line F)				=	\$ (G)

(If Line G is zero, or less than zero, then no hardship exemption can be granted.)

11. Application Verified By:

APPROVAL OR DENIAL OF GOVERNING BODY FOR EXTREME HARDSHIP

☐ Approved _____ Percent of Exemption

☐ Approved _____ Percent of Exemption

Date of Public Meeting _____

Signature of Municipal Official _____

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JUL 19 2017

KPB ASSESSING DEPT

AFFIDAVIT OF Tommye Jo Corr
 (Senior Citizen or Disabled Veteran Name)
 AND APPLICATION FOR APPROVAL OF LATE FILING
 FOR SENIOR CITIZEN AND/OR DISABLED VETERAN

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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).

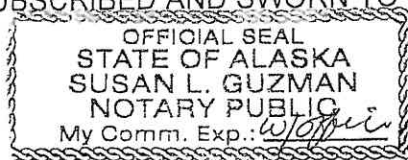
See attachments

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 19 day of July, 2017.

Tommye Jo Corr
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 19 day of July, 2017.



Susan L. Guzman
 Notary Public, State of Alaska
 My Commission Expires: w/office

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

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

7-19-2017

Dear Mr. Mayor,

I will be 88 in August. I live alone and take care of myself. Over the last few years my **REDACTED** lot worse and I've started forgetting some things that are important, such as the hardship exemption. In the future I will ask my children to help me remember the important things so I don't mistakenly forget to file for the Hardship Exemption.

I would very much appreciate your support and assistance ~~the~~ with the waiver.

Sincerely,

Tommye Jo Corte

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JUL 19 2017

KPB ASSESSING DEPT