

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.

Physical Address: 10450 MOOSEHORN RD This Riv SEC 38 Seward Meridian SW 0780009 WOODLAND HILLS ESTATES SUB PART 1 LOT 1 BLK 1 Applicant's SUB PART 1 LOT 1 BLK 1 Applicant's date of birth: December 18, 1950; Applicant's SSN: REDACTED Spouse's name: Mgry R. Nelson Applicant's SSN: REDACTED Cell Phone: Spouse's name: Mgry R. Nelson Spouse's name: Mgry R. Nelson Spouse's name: Mgry R. Nelson Spouse's date of birth: December 18, 1950; Applicant's SSN: REDACTED Cell Phone: Spouse's name: Mgry R. Nelson Spouse's nam	Assessor's Parc	el Number: 14	5-230-08		Legal Descr	iption:		
DONALD NELSON SR PO BOX 3214 SEWARD AK 99664-3214 Applicant's SSN: REDACTED Spouse's name: Mary R. Nelson	Physical Address: 10450 MOOSEHORN RD							
Spouse's date of birth: April 12 1954 I am applying as a:	DONALD NELS PO BOX 3214	ON SR	· PROBNE		A DOMA - TO THE STATE OF THE ST			
I am applying as a:	REDACTED				1			
Dwelling type: Single Family	I am applying as a	a:				•		
Dwelling type: Single Family	Senior age 65	and spouse	☐ Individual a	ge 65 or	older	☐ Surviving	Spouse age 60 or older	
Single Family						this property used	i for:	
Mobile Home				9	Commercial Use?	Ye □Ye	s KINO	
Social content September				T.	Rental Purposes	Ye	s Mo	
Is occupancy shared with someone other than your spouse and / or minor children?	The second by the second second				Explain:			
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? Please list your other property address, city, & state. Yes □ No 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? ☑ Yes □ No What year will that be? ☑ O I Applicants who do not receive an Alaska Permanent Fund Dividend must complete KPB Supplemental Form #1 or the application will be denled. (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. Dorold G. Nelson Sc □ Doroll J. Melson □ Doroll J. Melson □ Doroll J. Melson □ Doroll J. Melson	Is occupancy shared with someone other than your spouse and / or minor children?							
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PRIOR FILING OWNERSHIP PERM FUND CONTIG DENIED	PRINT OR TYPE OWNER NAME							
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	PRIOR FILING		PERM FUND		CONTIG	DENIED	revised 12/2014	

AFFIDAVIT OF Donald G. Nelson Sr. (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 <u>A.S. 29.45.030 Required Exemptions</u> and <u>KPB Code 5.12.105</u>. 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).

I had applied for this and had the impression it was
all taken care of back in March or April of foll
When I paid the house off. from North Pofic Rim
Horsing. Everything Had been rent in.
FURTHER AFFIANT SAITH NAUGHT.
Dated at Sevacl, Alaska, this 6th day of December, 2017.
SUBSCRIBED AND SWORN TO before me this day of Plember, 2017. Notary Public, State of Alaska My Commission Expires: 16 (54) 2019

(Exemption applications submitted for consideration for late-file acceptance will be forwarded to the Assembly from the Mayor's Office.)
ASSEMBLY ACTION: APPROVAL DENIAL
P-15 compete the File Microsof Afficiant SR, VET 2015 cinc (Revised 2/2015)