

Senior Citizen Exemption

2012

DUE ON OR BEFORE FEBRUARY 15TH OF THE EXEMPTION YEAR
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31ST OF THE PRECEDING YEAR
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING (PASSPORT, BIRTH CERTIFICATE)

Return completed form and requested information to:
City & Borough of Sitka Assessor · 100 Lincoln St · Sitka, AK 99835
907-747-1822 · Fax 907-747-6138

Name: _____ Assessor's Parcel Number: _____

Mailing Address: _____ Physical Address: _____

City: _____ AK, Zip _____ Legal Description: _____

Home Phone:	Applicants date of birth:	Spouses name:
Cell Phone:	Applicants S.S.#	Spouses date of birth:
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older		
Dwelling type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other _____		
What percent of ownership do you alone (or jointly with your spouse) have in this property? _____%		
Is any portion of this property used for Commercial Purposes ? <input type="checkbox"/> Yes <input type="checkbox"/> No Rental Purposes ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is occupancy shared with someone other than your spouse and/or minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did shared occupancy begin? Date _____ What percent of the home do they occupy? _____% <i>If live in care is medically necessary, attach a letter from the doctor.</i>		
Do you or your spouse own property in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive any exemptions on that property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When traveling outside the state of Alaska, at what address do you primarily reside?		
Did you receive a 2011 Alaska Permanent Fund Dividend? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you qualify for a 2012 AK Permanent Fund Dividend? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you or have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "No" to any of the PFD questions, you must also complete the CBS Supplemental Form #1 (available at the Assessing Department or online) at - www.cityofsitka.com/government/departments/assessing		

I CERTIFY:

This property is my primary residence and permanent place of abode. I will occupy it for a minimum of 185 days prior to each year in which I receive the exemption. The property is not used for non residential, temporary or vacation purposes, and is my true and fixed permanent residence. I hereby certify that the information I am supplying on and with this form is **TRUE** and **CORRECT** to the best of my knowledge. I understand that willful misrepresentation is punishable by fine or imprisonment under AS 11.56.210 & Sitka General Code 1.12.10, and will disqualify me from receiving this exemption. I will notify the CBS Assessor's office if there is any change which may affect my exemption.

_____	_____	_____
Print or type Applicants name	Signature	Date

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

____ New Filing ____ Occupancy ____ Age ____ Denied ____ Approved ____ Entered by
____ Prior Filing ____ Ownership ____ / ____ Perm Fund ____ Full ____ Variable ____ Contig