

Senior Citizen Property Tax Exemption

2026

DUE ON OR BEFORE **FEBRUARY 28TH** OF THE EXEMPTION YEAR
APPLICANTS MUST BE AGE 65 ON OR BEFORE DECEMBER 31ST OF THE PRECEDING YEAR
**VERIFICATION OF AGE MUST ACCOMPANY FILING (PASSPORT or DRIVERS LICENSE) IF
PROPERTY IS RECORDED INTO A TRUST PLEASE INCLUDE A CERTIFICATION OF TRUST WITH
YOUR APPLICATION**

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

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 or will you receive a 2024 Alaska Permanent Fund Dividend? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you qualify for a 2025 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 authorize the City & Borough of Sitka to obtain access to records pertaining to me in possession of the State of Alaska as needed to verify my residency, age, and permanent fund dividend status. Falsely applying for an exemption or failing to notify the Borough Assessors Office of a change in exemption status, with the intent to evade taxation, is a misdemeanor and may result in fines and penalties under AS 11.56.210

Print or type Applicants name

Signature

Date

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

New Filing _____ Occupancy _____ Inspection _____ Age _____ Denied _____ Approved _____ MARS
_____ Ownership _____ Perm Fund _____ Full _____ Variable _____ Scan SC Brochure _____

This exemption application must be filed in person with the Assessing department