

DISABLED VETERAN EXEMPTION**2026**Due on or before February 28th of the Exemption YearApplicants must provide photo I.D. and a **current letter from the VA** stating at least a 50% service connected disability, with an effective date on or before Dec. 31, 2025

Return completed form and requested information to:

City & Borough of Sitka Assessor · 100 Lincoln St · Rm 201 · Sitka, AK 99835

ph: 907-747-1822

Name: _____ Assessor's Parcel I.D. # _____

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"/> Disabled Veteran <input type="checkbox"/> Surviving spouse age 60 or older		
Have you received this exemption before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, list the account/parcel number for the previous exemption: _____		
Do you have a disability rating 50% or greater by the VA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the disability "service connected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dwelling type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____		
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?		

I hereby apply for the Disabled Veteran exemption on my property as provided in **AS 29.45.030(E)** for the 2024 assessment year. As of January 1st of the assessment year, I owned and occupied the above described property as my permanent place of residence at least 185 days during the previous year.

Certification: I hereby certify that the answers given are 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**, 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
____ Ownership ____ / ____ Perm Fund ____ Full ____ Variable ____ Contig ____ Scan