



# SENIOR CITIZEN EXEMPTION INCLUDING THE \$20,000 RESIDENTIAL EXEMPTION

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JUN 11 2009  
KPB ASSESSING DEPT

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

Return completed form and request information to:  
**Kenai Peninsula Borough Assessor - 144 North Binkley - Soldotna, AK 99669**  
907-714-2230 or 1-800-478-4441 Fax 907-714-2393  
www.borough.kenai.ak.us/assessingdept

CROCKER DEBORAH G  
171 MOUNTAIN VIEW DR APT B  
HOMER AK 99603-7157

Parcel ID (PIN): 177-270-80  
Physical Address:  
Legal Description: T 6S R 13W SEC 17 Seward Meridian HM  
2005024 MOUNTAIN VIEW

Home Phone: <u>907-235-5169</u>	Spouses name: <u>NA</u>
Cell Phone: <u>2</u>	Spouses date of birth: <u>NA</u>
I am applying as a: <input type="checkbox"/> Senior age 65 and spouse <input checked="" type="checkbox"/> Individual age 65 or older <input type="checkbox"/> Surviving spouse age 60 or older	
Dwelling type: <input type="checkbox"/> Single Family <input checked="" type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other _____	
What percent of ownership do you alone (or jointly with your spouse) have in this property? <u>100</u> %	
Is any portion of this property used for any Commercial Purposes? <u>No</u> Yes    Rental Purposes? <u>No</u> Yes	
Is occupancy shared with someone other than your spouse and/or minor children? No <u>Yes</u>	
If yes, when did shared occupancy begin? Date <u>Apr. 11, 2009</u> What percent of the home do they occupy? <u>12</u> % If live in care is medically necessary, attach letter from the doctor. <u>★ letter attached</u>	
Do you or your spouse own property in another state? <u>No</u> Yes    Do you receive any exemptions on that property? <u>No</u> Yes	
When traveling outside the state of Alaska, at what address do you primarily reside? <u>NA</u>	
Did you receive a 2008 Alaska Permanent Fund dividend? No <u>Yes</u>	
Will you qualify for a 2009 Alaska Permanent Fund Dividend? No <u>Yes</u> Will you or have you applied? No <u>Yes</u>	

If you answered "No" to any of the PFD questions, you must also complete KPB Supplemental Form #1 (available at the Assessing Department or online)

**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 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 (1) forfeiture of the exemption for that year, and (2) imposition of a civil fine of up to \$1,000 for each violation: and (3) loss of eligibility to receive the next five years exemptions.

Deborah G. Crocker  
PRINT OR TYPE OWNER NAME

[Signature]  
SIGNATURE

6/9/09  
DATE

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

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

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AFFIDAVIT OF Deborah G. Crocker  
(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 reason(s):

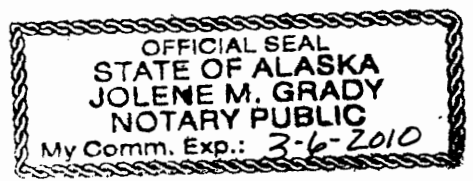
- 1) Very limited eyesight, unable to read anything that may have come in the mail,
- 2) brain injured (airplane accident) (1980), has live-in help,
- 3) financial hardship - monthly bills (expenses) exceed monthly ~~exp~~ income.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 24th Homer, Alaska, this 24th day of June, 2009.

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

SUBSCRIBED AND SWORN TO before me this 24 day of June, 2009.



Jolene M. Grady  
Notary Public, State of Alaska  
My Commission Expires: 3-6-2010

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ASSEMBLY ACTION: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_