

**Assessor's Summary of Senior Citizen / Disabled Veteran Applicants
Assembly Meeting of November 15, 2005**

<u>Name</u>	<u>Parcel #</u>	<u>Year(s)</u>	<u>Taxable Assessed</u>	<u>TCA</u>	<u>Mill Rate</u>	<u>Tax Impact</u>
<u>SENIORS</u>						
1) LAZOV, Spiridon	049-250-19	2005	\$104,000	30	12.10	\$1,258.40
2) PLATZ, James G., Sr.	058-230-22	2005	\$256,200	58	11.35	\$2,907.87
PLATZ, James G., Sr.	058-230-22	2004	\$233,800	58	11.35	\$2,653.63
PLATZ, James G., Sr.	058-230-22	2003	\$210,900	58	11.20	\$2,362.08
3) SUYDAM, Aroonsi	174-060-30	2005	\$169,200	80	10.35	\$1,751.22
4) TUCKER, David H.	171-060-23	2004	\$11,500	81	11.50	\$132.25

TOTAL = \$11,065.45

VETERANS

1) BORCHARDT, Randall R.	049-160-18	2005	\$102,900	30	12.10	\$1,245.09
2) BUSS, Larry G.	013-690-02	2005	\$49,600	55	12.50	\$620.00
3) CARDWELL, Kenneth G.	179-020-49	2005	\$204,300	20	12.85	\$2,625.26
4) CHIN, Maurice R.	049-390-22	2005	\$92,300	30	12.10	\$1,116.83
5) JENKINS, Danny S.	131-520-44	2005	\$135,000	58	11.35	\$1,532.25
6) MOORE, Darrell H.	013-260-20	2005	\$149,400	55	12.50	\$1,867.50
7) PIERCE, Harry F.	066-280-55	2005	\$177,700	58	11.35	\$2,016.90

TOTAL = \$11,023.82

\$22,089.27

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

007 1 0 2005

Account #: 049-250-19

City of Service Area: 30 - KENAI

Legal Description: KN0001633 T05N R10W S06 VALHALLA HEIGHTS SUB PART 1 LOT 4 BLOCK 9

LAZOV SPIRIDON & M E
703 CHILDS ST
KENAI AK 99611

Social Secu
(Optional)

Date of birth

Telephone:

Spouse's Na

Spouse's Da

Have you received this exemption before? YES or NO
If YES, list the account/parcel number for the previous exemption: _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

YES

NO

IF YES, ARE YOU AGE 60 OR OLDER?

YES

NO

DO YOU OWN YOUR OWN DWELLING?

YES

NO

PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING:

SINGLE FAMILY

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

YES

NO

PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE **2006** 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 183 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 MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

SPRIDON G LAZOV PRINT OR TYPE OWNER OF RECORD Spiridon Lazov SIGNATURE 10-10-05 DATE

Please return completed form and requested information to:
Kenai Peninsula Borough Assessor
144 North Binkley Street
Soldotna AK 99669

2005

(907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

ASSESSOR'S USE ONLY

10/89 WD

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
MEMBERSHIP & OCCUPANCY VERIFIED BY <u>office visit - ok</u>		AGE VERIFIED BY <u>Passport</u>	
TAXABLE AMOUNT		INITIALS:	

RECEIVED

OCT 10 2005

KPE ADDRESSING DEPT.

AFFIDAVIT OF Spiridon Logov
(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):

I did not know I had
to apply in person.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 10 day of Oct, 2005.

Spiridon Logov
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 10 day of Oct, 2005.



Colleen Rose Bassel
Notary Public, State of Alaska
My Commission Expires: 6/3/07

04925019

2005

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

RECEIVED

Account #: 058-230-22

City of Service Area: 58 - CENT EMERG SVS

OCT 24 2005

Legal Description: KN0770169 T05N R10W S35 HIDEAWAY ESTATES SUB LOT 16 BLOCK 16 KPB ASSESSING DEPT

PLATZ JAMES G SR
PO BOX 4262
SOLDOTNA AK 99669

Social Security
(Optional)

Date of birth: _____

Telephone: _____

Spouse's Name _____

Spouse's Date _____

Have you received this exemption before? YES or NO
If YES, list the account/parcel number for the previous exemption: _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

YES

NO

IF YES, ARE YOU AGE 60 OR OLDER?

YES

NO

DO YOU OWN YOUR OWN DWELLING?

YES

NO

PART OWNER: 100 % OF INTEREST

TYPE OF DWELLING:

SINGLE FAMILY F

CONDOMINIUM

MULTI-FAMILY

MOBILE HOME: PARK _____ SP# _____

OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

YES

NO

PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 1/4 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2006 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 183 DAYS DURING THE PREVIOUS YEAR.

SNV

CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

James G Platz

PRINT OR TYPE OWNER OF RECORD

James G Platz

SIGNATURE

10/25/05

DATE

Please return completed form and requested information to:
Kenai Peninsula Borough Assessor
144 North Binkley Street
Soldotna AK 99669

SNV 2005
2004
2003

(907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

ASSESSOR'S USE ONLY *HAB / 20K 03/00 WD*

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
MEMBERSHIP & OCCUPANCY VERIFIED BY <i>office visit</i>		AGE VERIFIED BY <i>B/C</i>	
TAXABLE AMOUNT:		INITIALS:	

RECEIVED

OCT 24 2005

KPB ASSESSING DEPT

AFFIDAVIT OF JAMES B PLATZ
 (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):

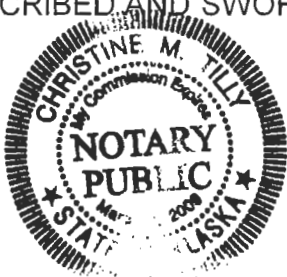
WASNT AWARE OF EXEMPTION

FURTHER AFFIANT SAITH NAUGHT.

Dated at Seldotna, Alaska, this 24 day of October, 2005.

James B Platz
 (Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 24 day of October, 2005.



Christine M Tilly
 Notary Public, State of Alaska
 My Commission Expires: 3/7/2009

#058-230-22

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

2005
 2004
 2003

APPLICATION FOR SENIOR CITIZEN EXEMPTION

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

APPLICANT MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
VERIFICATION OF AGE MUST ACCOMPANY INITIAL FILING

RECEIVED

AUG 17 2005

KENAI ASSESSING DEPT

Account #: 174-060-30

City of Service Area: 80 - KACHEMAK

Legal Description: HM T06S R13W S01 S 180 FT OF W 217 FT OF THE SW1/4 SW1/4

SUYDAM AROONSI
PO BOX 2987
HOMER AK 99603

Social Secur
(Optional)

Date of birth: _____

Telephone: _____

Spouse's Name: _____

Spouse's Date: _____

Have you received this exemption before? YES or **(NO)**
If YES, list the account/parcel number for the previous exemption: _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
- NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
- NO

DO YOU OWN YOUR OWN DWELLING?

- YES
- NO

PART OWNER: _____% OF INTEREST

TYPE OF DWELLING

- SINGLE FAMILY I
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP# _____
- OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
- NO

PART OWNER: _____% OF INTEREST

WHAT PORTION OF THIS PROPERTY (IF ANY) IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 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 183 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 MISSTATEMENT** IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

Aroonsi, Suydam
PRINT OR TYPE OWNER OF RECORD

Aroonsi, Suydam
SIGNATURE

8/17/2005
DATE

Please return completed form and requested information to:
Kenai Peninsula Borough Assessor
144 North Binkley Street
Soldotna AK 99669

(907) 714-2230 or 1-800-478-4441 Fax (907) 262-8633

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <input checked="" type="checkbox"/> NEW APPLICANT
MEMBERSHIP & OCCUPANCY VERIFIED BY <u>Office Visit & Interviews</u>		AGE <u>ADH</u> VERIFIED BY <u>Perm Fund</u>	
TAXABLE AMOUNT:		INITIALS:	

2005
Assessing
Written
02/04 PR

RECEIVED
AUG 17 2005
KPB ASSESSING DEPT.

AFFIDAVIT OF Aroonsri Suydam
(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):

Aroonsri is the widow of a previous senior citizen who had an exemption. And did realize she needed to reapply for a senior citizen exemption after the house was put in her name.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Soldotna, Alaska, this 17 day of August, 2005.



Aroonsri Suydam
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 17th day of August, 2005.

Colleen Rose Bassel
Notary Public, State of Alaska
My Commission Expires: 6/3/07

#174-060-30

2005

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR SENIOR CITIZEN EXEMPTION

AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
 144 N BINKLEY ST, SOLDOTNA, AK 99669-7599
 262-4441 EXT 211 OR 1-800-478-4441

2004

YOU MUST BE AGE 65 OR OLDER ON JANUARY 1ST OF THE EXEMPTION YEAR TO QUALIFY
 VERIFICATION MUST ACCOMPANY INITIAL FILING

ACCOUNT # 171-060-23 CITY OR SERVICE AREA: _____

LEGAL DESC Tract 1 Lookout Heights S/D

NAME David Tucker

ADDRESS Po Box 1962

CITY Homer STATE AK ZIP 99603

Have you received this exemption before? Yes or No
 If YES, list the account/parcel number for the previous exemption: _____

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
- NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
- NO

DO YOU OWN YOUR DWELLING?

- YES
- NO
- PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING

- SINGLE FAMILY
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP # _____
- OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
- NO
- PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 50% %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE SENIOR CITIZEN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 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 183 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 MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210

X DAVID H TUCKER David H Tucker 10/17/2005
 PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> NEW FILING <input checked="" type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY <u>DM on 2005</u>	AGE VERIFIED BY <u>1/2 owner w/ brother</u>		<u>2005</u>
TAXABLE AMOUNT: <u>app</u>	INITIALS: _____		

2004

David H. Tucker

AFFIDAVIT OF For 2004
(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):

X Ignorant or overlooked

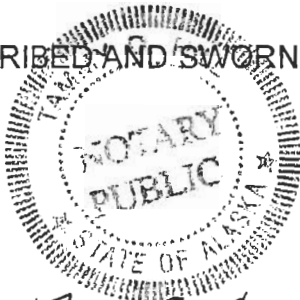
FURTHER AFFIANT SAITH NAUGHT.

Dated at Palmer, Alaska, Alaska, this 17 day of Oct, 2005.

David H Tucker
(Senior Citizen and/or Disabled Veteran Signature)

2004

SUBSCRIBED AND SWORN TO before me this 17 day of Oct, 2005.



Larry Hill
Notary Public, State of Alaska
My Commission Expires: Oct 2, 2006

171-060-23

1/2 owner
per
DM
SNV

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR DISABLED VETERAN EXEMPTION AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
 144 N BINKLEY ST, SOLDOTNA, AK 99669-7599
 262-4441 EXT 211 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE DISABILITY TO QUALIFY

RECEIVED
 AUG 18 2005
 KENAI ASSESSING DEPT

PARCEL # 04916018
 ACCOUNT # 6604-0468 - RECORDING # _____ CITY OR SERVICE AREA KENAI

LEGAL DESC T05N R11W S04 KNO950229

INLET VIEW SUB THIRD ADDN PART OR SOC (OPT) 1

NAME RANDALL R. BORCHARDT

ADDRESS P.O. Box 3485

CITY KENAI STATE AK ZIP 99611

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
- NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
- NO

DO YOU OWN YOUR DWELLING?

- YES
- NO

PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING:

- SINGLE FAMILY RESI
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP # _____
- OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS LOCATED?

- YES
- NO

PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 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 183 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 MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210

RANDALL R. BORCHARDT X Randall R. Borchardt 7-8-05
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY

70% SK

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> NEW FILING	<input checked="" type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY <u>telephone interview</u>		DISABILITY VERIFIED BY <u>since 2001</u>		<u>2005</u>
LAND	BUILDING	TOTAL	LAND	BUILDING
TOTAL PROPERTY VALUE			MUNICIPAL EXEMPTION	
OWNERSHIP INTEREST	OTHER ADJUSTMENTS		OTHER EXEMPTION	
	EXEMPT VALUE	TAX CODE AREA	MILL RATE	DIS VET RATES
BOROUGH SVC AREA				
CITY				
TOTAL EXEMPT AMOUNT:				

OCT 06 2005

AFFIDAVIT OF Randall R. Borchardt
(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):

WAS UNABLE TO GET REQUIRED PAPER WORK FROM THE VA ON TIME.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Kenai, Alaska, this 29 day of September, 2005.

Randall R. Borchardt
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN before me this 29 day of September, 2005.



Anna Rebecca Kinn 2005
Notary Public, State of Alaska
My Commission Expires: 10/26/2006

049 160 18

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

Prov Filer
7070 Vet
Serv.
Connected

APPLICATION FOR DISABLED VETERAN EXEMPTION AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
 144 N BINKLEY ST, SOLDOTNA, AK 99669-7599
 262-4441 EXT 211 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE DISABILITY TO QUALIFY

ACCOUNT # 013 690 02 CITY OR SERVICE AREA _____

LEGAL DESC _____

NAME LARRY G. BUSS SO (OF) _____

ADDRESS PO Box 7223

CITY Niukok STATE AK ZIP 99635

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?
 YES
 NO
 IF YES, ARE YOU AGE 60 OR OLDER?
 YES
 NO

TYPE OF DWELLING:
 SINGLE FAMILY RE
 CONDOMINIUM
 MULTI-FAMILY
 MOBILE HOME: PARK _____
 OTHER: SPECIFY _____

RECEIVED

KPB ASSESSING DEPT

AUG 7 2005 SP # _____

DO YOU OWN YOUR DWELLING?
 YES
 NO
 PART OWNER: _____ % OF INTEREST

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS LOCATED?
 YES
 NO
 PART OWNER: _____ % OF INTEREST

KPB ASSESSING DEPT

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

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CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210

LARRY G. BUSS PRINT OR TYPE OWNER OF RECORD
Larry G. Buss SIGNATURE
10-8-05 DATE

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> NEW FILING	<input checked="" type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>Prior filer</u>	<u>W. J. Smith</u>		<u>en</u>
LAND	BUILDINGS	TOTAL	LAND	BUILDING
TOTAL PROPERTY VALUE			MUNICIPAL EXEMPTION	
OWNERSHIP INTEREST	OTHER ADJUSTMENTS		OTHER EXEMPTION	
	EXEMPT VALUE	TAX CODE AREA	MILL RATE	DIS VET RATES
BOROUGH SVC AREA				
CITY				
TOTAL EXEMPT AMOUNT: _____				

2005

Parm Disabled
2005
60%

AFFIDAVIT OF Larry G. Buss
(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.

RECEIVED
AUG 10 2005
KPB ASSESSING DEPT

Failure to meet the filing deadline is based on the following reason(s):

Did not have "permanent" disability ltr from VA for 2005 - rec'd letter for 2005

FURTHER AFFIANT SAITH NAUGHT.

Dated at 10-8-05, Alaska, this ___ day of _____, 2005.

Larry G. Buss
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 10th day of August, 2005.



Marian Perrine
Notary Public, State of Alaska
My Commission Expires: 6/10/2005 2005

013 690 02

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR DISABLED VETERAN EXEMPTION

AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR **RECEIVED**

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N. BINKLEY ST, SOLDOTNA, AK 99669-7599
(907) 714-2230 OR 1-800-478-4441

AUG 12 2005

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO OUR ASSESSING DEPT.

Account #: 17902049-0 City or Service Area: Homer

Legal Description: TOWNSHIP 13W S16 T40N R14E

Owner of Record: Resub Lot 1 Tract E L

Kenneth G CARDWELL Date of Birth: _____

PO Box 75 Homer, AK Social Security Number (Optional): _____

Telephone: 235-2690 Spouse Name: _____

Lessee (copy of Lease must be attached): _____

DO YOU HAVE A DISABILITY RATED 50% OR GREATER BY THE VA?

- YES
 NO

IS DISABILITY "SERVICE CONNECTED"?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO
 PART OWNER: _____ % OF INTEREST

TYPE OF DWELLING:

- SINGLE
 CONDOMINIUM
 MULTI-FAMILY
 MOBILE HOME: PARK _____ SP# _____
 OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
 NO
 PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 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 183 DAYS DURING THE PREVIOUS YEAR. I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.55.210.

Kenneth G. Cardwell SIGNATURE DATE: 11-Aug-05

ASSESSOR'S USE ONLY

04/03 WD 20K

INPUT	APPROVED	DISAPPROVED	<input type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY: <u>office visit & interview</u>			<input checked="" type="checkbox"/> NEW APPLICANT <u>6090 SK ad</u>
TAXABLE AMOUNT:			DISABILITY STATUS VERIFIED BY: <u>of 12/21/04</u>
			INITIALS:

Revised October 2004

2005

RECEIVED
AUG 23 2005
KPB ASSESSING DEPT.

AFFIDAVIT OF Kenneth G. Cardwell
(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):

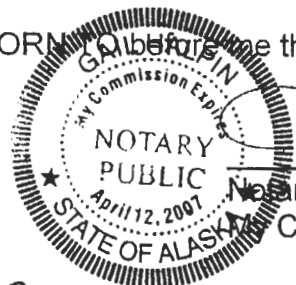
60% V. A. Disability was effective
on Dec 21, 2004 - did not receive
award letter until Aug. 11, 2005.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Homer , Alaska, this 18 day of August , 2005.

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

SUBSCRIBED AND SWORN to before me this 18th day of Aug , 2005.



[Signature]
Notary Public, State of Alaska
Commission Expires: 4-12-2007

2005

179 020 49

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR DISABLED VETERAN EXEMPTION

AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N. BINKLEY ST, SOLDOTNA, AK 99669-7599
(907) 714-2230 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO QUALIFY

Account #: 049-390-22

City or Service Area: 30 - KENAI

Legal Description: KN0770116 T05N R11W S11 ANGLERS ACRES SUB PART 2 LOT 17 BLOCK 1

CHIN MAURICE R & CHIN MICHAEL R
~~10504 MARSH ST WEST PALM BEACH FL 33414~~ 1315 ANGLER DR KENAI AK 99611

Date of birth

Social Seci (Optional)

Spouse's N

Spouse's I

Telephone: 907-283-0587

DO YOU HAVE A DISABILITY RATED 50% OR GREATER BY THE VA?

- YES
 NO

RECEIVED

AUG 12 2005

IS DISABILITY "SERVICE CONNECTED"?

- YES
 NO

ASSESSING DEPT

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO
 PART OWNER: _____ % OF INTEREST

TYPE OF DWI

- SINGLE F.
 CONDOM.....
 MULTI-FAMILY
 MOBILE HOME: PARK _____ SP# _____
 OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
 NO
 PART OWNER: 50 % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? _____ %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE ~~2005~~ 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 183 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 MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

MAURICE R. CHIN

Maurice R Chin

08-09-05

PRINT OR TYPE OWNER OF RECORD

SIGNATURE

DATE

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>Prior approved - Deed Change</u>		<input type="checkbox"/> NEW APPLICANT <u>11/04 QCD</u>
TAXABLE AMOUNT:	<u>took 1 owner off - now 2 owners</u>		DISABILITY STATUS VERIFIED BY: <u>50% owner</u>
	<u>5590 each</u>		INITIALS:

Permanent Dis.

2005 DSV

VARI

AFFIDAVIT OF MAURICE R. CHIN
(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.

RECEIVED

Failure to meet the filing deadline is based on the following reason(s):

AUG 12 2005

KPB ASSESSING DEPT

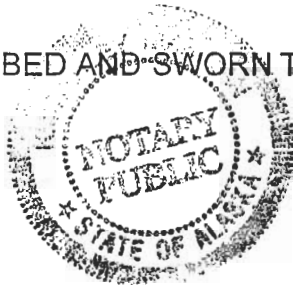
MAIL WAS SENT TO INCORRECT ADDRESS
DUE TO SUIT FILED TO SECURE OWNERSHIP
STATUS. PROPERTY OWNERSHIP NOW RESOLVED.

FURTHER AFFIANT SAITH NAUGHT.

Dated at Aug 12, 2005, Alaska, this 12 day of Aug, 2005.

Maurice R Chin
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 12 day of Aug, 2005.



Kimberly Mairmen
Notary Public, State of Alaska
My Commission Expires: _____ My Commission Expires: March 16, 2008

049 - 390 - 22

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____ 2005

APPLICATION FOR DISABLED VETERAN EXEMPTION

AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
144 N. BINKLEY ST, SOLDOTNA, AK 99669-7599
(907) 714-2230 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO SERIES 1 2005

TAX
Account #: 13152044-7 City or Service Area: Soldotna

Legal Description: Town R11W S03 K00840063 Knutsen sub N04 Lot 15 Block 5

Owner of Record

Danny Scott Jenkins
P.O. Box 4276
Soldotna AK 99669

Date of bill

Social Se
(Optional)

Spouse's

Spouse's

Telephone: (907) 262-8749
(435) 557-5049

Lessee (copy of Lease must be attached)

DO YOU HAVE A DISABILITY RATED 50% OR GREATER BY THE VA?

- YES
 NO

IS DISABILITY "SERVICE CONNECTED"?

- YES
 NO

DO YOU OWN YOUR OWN DWELLING?

- YES
 NO
 PART OWNER: _____ % OF INTEREST

TYPE OF DV

- SINGLE
 CONDO
 MULTI-F.
 MOBILE HOME: PARK _____ SP# _____
 OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
 NO
 PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

I HEREBY APPLY FOR THE DISABLED VETERAN EXEMPTION ON MY PROPERTY AS PROVIDED IN AS29.45.030(E) FOR THE 2005 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 183 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 MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

Danny Scott Jenkins Danny Scott Jenkins 9/17/05
PRINT OR TYPE OWNER OF RECORD SIGNATURE DATE

ASSESSOR'S USE ONLY

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED <u>In</u> <input type="checkbox"/> NEW APPLICANT <u>2004</u>
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>Telephone Interview</u>		DISABILITY STATUS VERIFIED BY: <u>VA Ltr w/ Rating</u>
TAXABLE AMOUNT:			INITIALS: <u>SD</u>

Revised October 2004

OCT 18 2005

(Scott)

AFFIDAVIT OF Hanny St. Jenkins
(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.

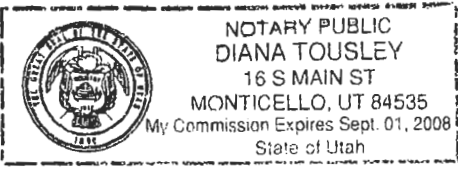
Failure to meet the filing deadline is based on the following reason(s):

Approved filer in 2004. Outside on vacation. Did not file on time for 2005. Waiting for current status letter. Alaska is permanent residence & I own house & occupy 183 days per year.
FURTHER AFFIANT SAITH NAUGHT.

Dated at Monticello, ~~Alaska~~ Utah, this 7 day of October, 2005.

Hanny Scott Jenkins
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7 day of October, 2005.



Diana Tousley
Notary Public, State of ~~Alaska~~ Utah
My Commission Expires: Sept. 01, 2008 2005

131 520 44

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR DISABLED VETERAN EXEMPTION

AS29.45.030(E)-(I)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
 144 N. BINKLEY ST, SOLDOTNA, AK 99669-7599
 (907) 714-2230 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE SERVICE CONNECTED DISABILITY TO QUALIFY

RECEIVED

Account #: 013-260-20

City or Service Area: 55 - NIKISKI SENIOR SEP 07 2005

Legal Description: KN0800123 T08N R11W S33 MOORE SUB LOT 1

KPB ASSESSING DEPT

MOORE DARRELL & JUDITH R
 54537 KENAI SPUR HWY
 KENAI AK 99611

Date of birth: _

Social Security
 (Optional)

Spouse's Nam

Spouse's Date

Telephone: (907) 776-8424

DO YOU HAVE A DISABILITY RATED 50% OR GREATER BY THE VA?

- YES
- NO

IS DISABILITY "SERVICE CONNECTED"?

- YES
- NO

DO YOU OWN YOUR OWN DWELLING?

- YES
- NO
- PART OWNER: _____ % OF INTEREST

TYPE OF DWELL

- SINGLE FAMI
- CONDOMINU...
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP# _____
- OTHER: SPECIFY _____

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS SITUATED?

- YES
- NO
- PART OWNER: _____ % OF INTEREST

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

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CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS11.56.210.

DARRELL H. MOORE PRINT OR TYPE OWNER OF RECORD
Darrell H. Moore SIGNATURE
09-07-05 DATE

ASSESSOR'S USE ONLY

2005

INPUT	APPROVED	DISAPPROVED	<input checked="" type="checkbox"/> PRIOR QUALIFIED
			<input type="checkbox"/> NEW APPLICANT
OWNERSHIP & OCCUPANCY VERIFIED BY			DISABILITY STATUS VERIFIED BY: <u>70% S/C per</u>
TAXABLE AMOUNT:			INITIALS: <u>UA wtk</u>
			<u>Permanent</u>

RECEIVED

SEP 07 2005

KPB ASSESSING DEPT.

AFFIDAVIT OF Barrell H. Moore
(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):

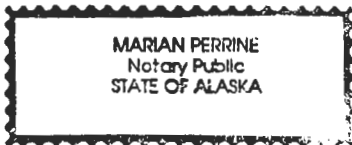
THE REASON THAT I AM LATE FILING THIS IS
BECAUSE I DID NOT RECIEVE MY LETTER IN
TIME.

FURTHER AFFIANT SAITH NAUGHT.

Dated at 09-07-05, Alaska, this 7 day of _____, 2005.

Barrell H. Moore
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 7th day of September, 2005.



Marianne Perrine
Notary Public, State of Alaska
My Commission Expires: 6/10/2006

2005

013 260 20

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____

APPLICATION FOR DISABLED VETERAN EXEMPTION AS29.45.030(E)-(1)

DUE ON OR BEFORE JANUARY 15TH OF THE EXEMPTION YEAR

KENAI PENINSULA BOROUGH, ASSESSOR'S OFFICE
 144 N BINKLEY ST, SOLDOTNA, AK 99669-7599
 262-4441 EXT 211 OR 1-800-478-4441

YOU MUST PROVIDE PROOF EACH YEAR OF 50% OR MORE DISABILITY TO QUALIFY

ACCOUNT # 066 280 55 CITY OR SERVICE AREA _____

LEGAL DESC APACHE ACRES SUB PART EIGHT TRACT N

NAME HARRY F. PIERCE

ADDRESS 37645 SARA STREET

CITY SOLDOTNA STATE AK ZIP 99669

ARE YOU THE WIDOW/WIDOWER OF A PREVIOUSLY QUALIFIED APPLICANT?

- YES
- NO

IF YES, ARE YOU AGE 60 OR OLDER?

- YES
- NO

TYPE OF DWELLING:

- SINGLE FAMILY RE
- CONDOMINIUM
- MULTI-FAMILY
- MOBILE HOME: PARK _____ SP # _____
- OTHER: SPECIFY _____

RECEIVED

AUG 10 2005

DO YOU OWN YOUR DWELLING?

- YES
- NO

PART OWNER: _____ % OF INTEREST

DO YOU OWN THE LAND ON WHICH YOUR DWELLING IS LOCATED?

- YES
- NO

PART OWNER: _____ % OF INTEREST

KPB ASSESSING DEPT.

WHAT PORTION OF THIS PROPERTY IS USED FOR COMMERCIAL OR RENTAL PURPOSES? 0 %

KPB 5.12.105(E) The assessor may presume that property has not been occupied as a primary residence and permanent place of abode if the applicant occupied it for less than 183 days during the previous year unless the applicant provides satisfactory evidence that the failure to meet this requirement did not involve occupancy of another dwelling as a primary residence and permanent place of abode.

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CERTIFICATION: I HEREBY CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL MISSTATEMENT IS PUNISHABLE BY A FINE OR IMPRISONMENT UNDER AS 11.56.210

HARRY F. PIERCE PRINT OR TYPE OWNER OF RECORD Harry F. Pierce SIGNATURE AUGUST 10, 2005 DATE

ASSESSOR'S USE ONLY

INPUT	<input type="checkbox"/> APPROVED <u>Trust on Per SH</u>		<input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> NEW FILING	<input checked="" type="checkbox"/> PRIOR QUALIFIED <u>066-370-19</u>
OWNERSHIP & OCCUPANCY VERIFIED BY	<u>Longtime DSV filer</u>		DISABILITY VERIFIED BY	<u>50% VA SK LTR</u>		
LAND	BUILDING	TOTAL	LAND	BUILDING		
TOTAL PROPERTY VALUE	_____		MUNICIPAL EXEMPTION	_____		
OWNERSHIP INTEREST	OTHER ADJUSTMENTS		OTHER EXEMPTION	_____		
	EXEMPT VALUE	TAX CODE AREA	MILL RATE	DIS VET RATES		
BOROUGH SVC AREA	_____		_____			
CITY	_____		_____			
TOTAL EXEMPT AMOUNT:						

2005

AFFIDAVIT OF HARRY PIERCE
(Senior Citizen or Disabled Veteran Name)
AND APPLICATION FOR APPROVAL OF LATE FILING
FOR ~~SENIOR CITIZEN~~ AND/OR DISABLED VETERAN

RECEIVED
AUG 10 2005
KPB ASSESSING DEPT.

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):

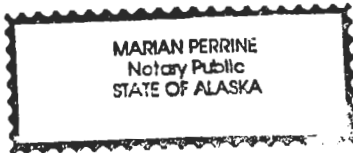
VA exemption removed - returned mail
Now on tax roll for 2005 - prior filed

FURTHER AFFIANT SAITH NAUGHT.

Dated at SOLDOTNA, Alaska, this 10 day of AUGUST, 2005.

Harry Pierce
(Senior Citizen and/or Disabled Veteran Signature)

SUBSCRIBED AND SWORN TO before me this 10th day of August, 2005.



Marian Perrine
Notary Public, State of Alaska
My Commission Expires: 6/10/2005 2005

066 280 55

ASSEMBLY ACTION: APPROVAL _____ DENIAL _____