

# FARM USE ASSESSMENT APPLICATION

## AS 29.45.060

Applications must be received or postmarked by May 15 of the assessment year.

Complete a separate form for each parcel within the farm unit.



Parcel No. \_\_\_\_\_ Tax Code Area: \_\_\_\_\_

Legal Description: \_\_\_\_\_

**Owner of Record**

**Applicant (if different from owner of Record):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Applicant is:  Owner of Record     Lessee (copy of Lease must be attached)

**Acreeage Allocation:** (sum of individual listings must be equal to total) Parcel Total Acres: \_\_\_\_\_

Farm buildings \_\_\_\_\_ Small Grains \_\_\_\_\_ Hay Ensilage \_\_\_\_\_ Rotation Pasture \_\_\_\_\_  
 Residence \_\_\_\_\_ Crops \_\_\_\_\_ Uncleared \_\_\_\_\_ Permanent Grazing \_\_\_\_\_

I hereby make application for Farm Use Assessment on the above described property for the \_\_\_\_\_ assessment year. I am actively engaged in farming the land and declare that my gross income attributable to the farm use land for the year(s) indicated is \_\_\_\_\_ % of my yearly gross income. I have read this application and the answers given are true and correct to the best of my knowledge.

**Verification of Farm Income Attached**

- Last Years Income (copy of IRS Form 10-40 & Schedule F)
- Past Three (3) Years Income (in the event of a crop failure by an act of God the previous year)
- Estimated income this year. Notarized statement filed with assessor prior to February 1 next year (If no history of farm related income)

Print or Type Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Owner Acceptance and Acknowledgement**

I the undersigned, hereby certify that I am the owner of record of the property listed. I have read this application and the answers given are true and correct to the best of my knowledge. I understand that in the event the land is converted to a use incompatible with farm use, that I will be liable for the amount of tax deferred plus interest for the preceeding seven years according to AS 29.45.060.

Print or Type Owner of Record \_\_\_\_\_ Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Assessor's Use Only**

Approved	Amt. Deferred	Input	Denied
			<input type="checkbox"/> Not used for farm purpose <input type="checkbox"/> Incomplete application <input type="checkbox"/> Farm income less than 10% of total <input type="checkbox"/> Other _____