



MATANUSKA-SUSITNA BOROUGH

Division of Assessment

350 East Dahlia Avenue • Palmer, AK 99645

Phone (907) 861-8642 • Fax (907) 861-8693

www.matsugov.us

2017 Senior Citizen/Disabled Veteran Property Tax Exemption Application

AS 29.45.030 (e) - (i)

Timely Application must be received or postmarked on or before April 30, 2017

It is the property owner's responsibility to insure receipt of the application by MSB

To qualify for tax exemption, property must be applicant's primary residence (domicile) and permanent place of abode prior to January 1, 2017. Upon initial application, the owner must have been a resident of the State of Alaska for the entire year of 2016. Additionally, in each subsequent year, the property must be owned and occupied as the primary residence and permanent place of abode for at least 185 days prior to January 1st. **Senior Citizens** must be 65 on or before December 31, 2016. **New applicants must provide proof of age** (NEW Alaska drivers license or NEW Alaska state ID, Passport, Birth Certificate, or Military ID). **Disabled Veterans** must provide a current letter from the VA stating at least a 50% service connected disability, with an effective date of, or before December 31, 2016.

SEE REVERSE FOR ADDITIONAL REQUIREMENTS

| | | | |
|------------------------------------|--|------------------------------------|--|
| Property Tax Identification Number | | Tax Year(s) Applicant applying for | |
| Name of Applicant | | Birth Date | Applicant day time phone number |
| Name of Spouse | | Birth Date | Applicant Cell or Message phone number |
| Mailing Address | | Property Site Address | |

| | | | |
|---|--|--|---|
| I am applying for a: | | | |
| <input type="checkbox"/> SENIOR | <input type="checkbox"/> WIDOW/WIDOWER age 60 or older | <input type="checkbox"/> DISABLED VETERAN | <input type="checkbox"/> DISABLED VETERAN WIDOW/WIDOWER |
| 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 |
| If ownership is shared with someone other than your spouse, list your percent of ownership _____ % | | | <input type="checkbox"/> N/A |
| Is any portion of this property used for Commercial Purposes ? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what percentage? _____ % |
| Rental Purposes? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what percentage? _____ % |
| Will you qualify for the Alaska Permanent Fund Dividend for the year which the exemption is sought? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will or have you applied for the Permanent Fund Dividend? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "NO", you must fill out Supplemental Form #1 |
| I would like to apply for the Optional Senior Citizen or Disabled Veteran Property Tax Exemption | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MSB 3.15.037 (A) - (C) | | | |

I CERTIFY: That the information I am supplying on and with the form is TRUE and CORRECT. That prior to January 1st of the year for which this exemption is sought I was a resident of the State of Alaska for the entire year and subsequently will own and occupy this property for a minimum of 185 days during each calendar year thereafter. The property is not used for special, temporary, or vacation purposes, and is my true and fixed permanent residence. 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 the eligibility to receive the next five years exemptions.

SIGNATURE OF APPLICANT: _____ **DATE:** _____