Revised 11/04

**Due Date: February 1, 2010**

# SENIOR CITIZEN/DISABLED VETERAN PROPERTY TAX EXEMPTION APPLICATION

## AS 29.45.030 (e)-(i)

| 1. Name of Municipality: | 2. Property Tax ID: | 3. Tax Year: |
|---|---|---|
| CITY OF NOME | | 2010 |
| 4. Name of Applicant: | 5. Birthdate: | 6. SSN: |
| | | |
| 7. Name of Spouse: | 8. Birthdate: | 9. SSN: |
| | | |
| 10. Mailing Address: | 11. Residential Address: | |

**12. Home Phone:** ( ) **Message:** ( )

**13. Please check one of the following:**

- O I am applying as a Senior Citizen, age 65 or older
- O I am applying as a widow or widower, age 60-64, of a previously qualified applicant
- O I am applying as a Disabled Veteran

**14. What type of dwelling do you live in?**

- O Singe Family
- O Mobile Home
- O Condominium
- O Duplex
- O Other_____

**15. Is this your premanent place of residence?** Yes_____ No_____

**16. Is your home on land you own?** Yes_____ No_____

*If NO, name of owner:*_____

**17. Is any portion of this property used for commerical or rental purposes?** Yes_____ No_____

*If YES, Percentage:* _____%

**18. As provided for under AS 29.45.030(e), a municipality may, in a case of hardship, provide for an exemption beyone the first $150,000 of assessed value. A hardship application may be obtained from your municipal assessing office.**

**19. CERTIFICATION: I hereby certify that the answers given on this application are true and correct to the best of my knowledge. I understand that a willful misstatement is punishable by a fine or imprisonment under AS 11.56.210.**

_____

**SIGNATURE OF APPLICANT** **DATE**

*CLERK'S OFFICE USE ONLY*

New Filing _____ Prior_____ Approved_____ Denied_____

Land: $_____ Building: $_____ Total: $_____

Ownership %_____ $<_____>

Commercial/Rental %_____ $<_____>

Sub Total: _____

*Note:* *If subtotal exceeds $150,000 use this figure:* $150,000

Exempt Value: Mill Rate Total Exempt

$_____ _____ Amount $_____