REVISED 05/2019

Due Date: February 1, 2024

SENIOR CITIZEN/DISABLED VETERAN
PROPERTY TAX EXEMPTION
APPLICATION
AS 29.45.030 (e)-(i)

Block:	Lot:	
1. Name of Municipality:	**2. Property Tax ID:**	**3. Tax Year:**
City of Nome		**2024**
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:	**Cellular:**	

13. Please check one of the following:

- O I am applying as a Senior Citizen, age 65 or older, on or before January 1 of the tax year
- 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 Single Family
- O Mobile Home
- O Condominium
- O Duplex
- O Other_____

15. Is this your primary residence & permanent place of abode? 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. 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**