

# Municipality of Anchorage

## **2017 Military Service Widow and Widower Exemption Application**

**AS 29.45.050 (s) and Municipal Code 12.15.015(E)(3) Exemption of up to \$150,000 of assessed value**

To qualify for tax exemption, the real property is exempt from taxation if it has been owned and occupied as the primary residence and permanent place of abode of an eligible widow or widower prior to **January 1, 2017**. The applicant must be the surviving spouse of a person whose death occurred prior to January 1 of the exemption year, during United States military service under conditions which are not dishonorable. 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 (domicile) and permanent place of abode for at least 185 days prior to January 1. This exemption shall expire as of January 1 of the year following the date of subsequent marriage.

**Mail to: Municipality of Anchorage  
Property Appraisal  
P.O. Box 196650  
Anchorage, AK 99519-6650**

**OR Submit in person to:  
Property Appraisal  
632 West 6th Avenue, Suite 300  
For Information call: (907) 343-6770**

**Timely Application must be received by the Assessor or postmarked on or before March 15, 2017.**

**It is the property owner's responsibility to ensure receipt of the application by the MOA.**

It shall be the responsibility of every person who obtains an exemption under this section to notify the assessor of any change in ownership, property use, residency, permanent place of abode, marital status, or other factors.

|  |  |  |                                 |
|--|--|--|---------------------------------|
| Real Property Number (Parcel ID Number)            | Personal Property Number (Mobile Home) |  | Control # for office use only   |
| Name of Surviving Spouse: Last Name First Name MI  |  | Birth Date   | Applicant Day Time Phone Number |
| Name of Deceased Spouse: Last Name, First Name, MI |  |  | Message Phone Number            |
| Mailing Address                                    |  | Property Site Address, if same as mailing write same |                                 |

☐ I am applying for Military Service Widow/Widower exemption.

Dwelling Type: ☐ Single Family ☐ Condominium ☐ Duplex ☐ Mobile Home ☐ Other

If dwelling type is a mobile home, is it on land you own? ☐ No ☐ Yes ☐ N/A

If ownership is shared with someone other than your spouse, list your percent of ownership \_\_\_\_\_% ☐ N/A

When did your most recent Alaska residency begin? Please specify the day and year you arrived in/or returned to Alaska.  
Month, Day, Year: \_\_\_\_\_

Is any portion of this property used for **Commercial Purposes?** ☐ No ☐ Yes  
**Rental Purposes?** ☐ No ☐ Yes

If Yes, what percent is used for commercial or rental? \_\_\_\_\_%

As of January 1<sup>st</sup> of the assessment year I have physically been out of the State of Alaska for \_\_\_\_\_ days during the previous assessment year for which the exemption is sought.

**I CERTIFY:** That the information I am supplying on and with this form is TRUE and CORRECT. That prior to January 1 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 authorize the Municipality of Anchorage to obtain information necessary to verify my eligibility. Contacts may include, but are not limited to: Permanent Fund Dividend Division, Social Security Administration, and Department of Veterans Affairs. Falsely applying for an exemption or failing to notify the Municipal Assessors Office of a change in exemption status, with the intent to evade taxation, is a misdemeanor and may result in fines and penalties.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE \*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

|                           |   |                       |                          |
|---------------------------|---|-----------------------|--------------------------|
| _____ <b>New Filing</b>   | _____ <b>Ownership</b>                      | _____ <b>Approved</b> |                          |
| _____ <b>Prior Filing</b> | _____ <b>Military Service Widow/Widower</b> | _____ <b>Denied</b>   | <b>Entered by:</b> _____ |

# Municipality of Anchorage Military Service Widow and Widower Exemption

AS 29.45.050 (s) and Municipal Code 12.15.015(E)(3)

Timely application for this exemption will be accepted through March 15<sup>th</sup> of the exemption year. You may mail your exemption application to Municipality of Anchorage, Property Appraisal Division, PO Box 196650, Anchorage, AK 99519 or you may fax an exemption application to (907) 343-6599.

1. **Applicant must be the surviving spouse** of a person whose death occurred prior to January 1<sup>st</sup> of the exemption year, during United States military service, under conditions which are not dishonorable.
2. **Applicant must provide one form of written proof** the deceased passed away during military service. Examples of written proof include; Report of Casualty (DD1300), or Line of Duty Determinations issued by the United States military are acceptable forms of documentation.
3. **If the applicant's last name is different** than the deceased spouse, please provide a Marriage License documenting both parties legal names.
4. **The application must be filled out completely.**
5. **Applicant must own and occupy the property** as their primary residence and permanent place of abode on January 1 of the assessment year for which the exemption is sought. Each subsequent year the property must be owned and occupied a minimum of 185 days as the primary residence in order to receive this exemption.
6. **The applicant may not receive an exemption on more than one property** that is currently, or will be receiving, a Residential, Senior Citizen, or Disable Veteran exemption either in Alaska or in another State.
7. **Applicant must be a resident of Alaska** for the entire year prior to the exemption year.
8. **If property ownership is a trust**, we do not require a copy of the entire trust. However, please include the following pages of the trust document; the first page of the trust, the page(s) designating the sole owner/trustee, page that specifically identifies the property placed into trust, and the signature/date witness page.
9. **Change notification:** It is the responsibility of every person who obtains an exemption under this section to notify the assessor of any change in ownership, property use, residency, permanent place of abode, subsequent marriage, or other factor affecting qualification for the exemption.
10. Up to \$150,000 of the assessed value of real property may be exempt for the applicant's primary residence and permanent place of abode if the applicant meets all of the required criteria.
11. Property Appraisal staff may contact you with further questions regarding your application.
12. Please review your tax bill for an approved exemption (State Credit). If you do not see "State Credit" on your tax bill, please immediately contact Property Appraisal.

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