

# Municipality of Anchorage

## 2012 Residential Property Tax Exemption Application

### Anchorage Municipal Code 12.15.015

Ten percent of the assessed value of owner occupied residential property, up to a maximum of \$20,000 of assessed value, shall be exempt from property taxation

**Application must be received or postmarked on or before MARCH 15, 2012.**

To qualify for this tax exemption:

- Application must be completed, submitted and accepted by the Assessor to qualify for the exemption;
- The applicant(s) must be the owner(s) of record prior to January 1, 2012;
- Upon initial application, the eligible applicant must have been a resident of the State of Alaska for the entire year of 2011;
- The property must be owned and occupied as the primary residence and permanent place of abode of an eligible applicant for at least 185 days in the year prior to January 1, 2012;
- In each subsequent year, the property must be owned and occupied as the primary residence and permanent place of abode of the eligible applicant for at least 185 days prior to January 1 of each exemption year.
- 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 or other factor affecting qualification for the exemption

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

\*\*\*\*Please print and complete information below\*\*\*\*

|                                         |  |            |  |                                     |            |                                        |
|-----------------------------------------|--|------------|--|-------------------------------------|------------|----------------------------------------|
| Real Property Number (Parcel ID Number) |  |            |  | Personal Property ID# (Mobile Home) |            |                                        |
| Name of Applicant: Last Name            |  | First Name |  | MI                                  | Birth Date | Applicant Day time Phone Number        |
| Name of Spouse: Last Name               |  | First Name |  | MI                                  | Birth Date | Applicant 2 <sup>nd</sup> Phone Number |
| Mailing Address: _____                  |  |            |  |                                     |            |                                        |
| Physical Address: _____                 |  |            |  |                                     |            |                                        |

|                                                                                                                                                                                                                                   |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Dwelling Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Duplex<br><input type="checkbox"/> 4-Plex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other | Is this your current residence?<br>_____ Yes      _____ No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|

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

\*\*\*An exemption application may be denied if it is incomplete or if it is received after the March 15 deadline\*\*\*

***I/WE CERTIFY: That the information contained in/with this form is TRUE and CORRECT. That, I/we meet the qualifications set forth above. I authorize the MOA Municipal Assessor to obtain information necessary to verify my eligibility. Falsely applying for this exemption, or failing to notify the Municipal Assessor 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: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL TO:**  
 Municipality of Anchorage  
 Property Appraisal Division  
 PO BOX 196650  
 Anchorage, AK 99519-6650

OR

**SUBMIT IN PERSON TO:**  
 Property Appraisal  
 632 W 6<sup>th</sup> Avenue, Suite 330  
 Anchorage, AK 99501

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

|                    |                 |                |                   |
|--------------------|-----------------|----------------|-------------------|
| Prior Filing _____ | Ownership _____ | Approved _____ | Entered by: _____ |
| New Filing _____   | Control#: _____ | Denied _____   | Date: _____       |