

Information on Owner-Occupied Residential Property Tax Exemption

Ten percent of the assessed value of owner occupied residential property, up to a maximum of \$20,000 of assessed value, may be exempt from property taxation. Anchorage Municipal Code 12.15.012

Municipality of Anchorage 20__ Residential Property Tax Exemption Application

To qualify for this tax exemption:

- This application must be completed, submitted and accepted by the Assessor to qualify for the exemption.
- Property must be the primary residence (domicile) and permanent place of abode of the applicant(s) prior to January 1st of the exemption year.
- The applicant(s) must be the owner(s) of record prior to January 1st of the exemption year.
- Upon application, the owner(s) must have been a resident of the State of Alaska for the entire year prior to January 1st of the exemption year.
- For 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 of the exemption year.

PLEASE COMPLETE INFORMATION BELOW

OWNER(S) NAME Last Name First Name MI		
MAILING ADDRESS		
Is this your current residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPERTY ADDRESS	
DWELLING TYPE Single Family, Mobile Home, 4-Plex etc	LEGAL DESCRIPTION	

It is the responsibility of the property owner to ensure the completed application is received by the Municipality of Anchorage (MOA). **An exemption application may be denied if it is incomplete or if it is received after the March 15 deadline.** Further information is available on the MOA website (www.muni.org) or (907) 343-6770.

Application must be received or postmarked on or before MARCH 15 of the applicable tax year.

PLEASE PRINT OWNER & PROPERTY INFORMATION

Last Name	First Name	MI	BIRTHDAY	DAY PHONE
_____	_____	_____	M M D D Y Y Y Y	____ - ____
REAL PROPERTY PARCEL ID #			PERSONAL PROPERTY ID # (MOBILE HOME)	
____ - ____ - ____ - ____	and/or	_____	_____	_____

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 OWNER: _____
DATE: _____

Mail To:

Municipality of Anchorage
Property Appraisal Division
P.O. Box 196650
Anchorage, AK 99519-6650

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

Prior Filing _____	Control # _____	Ownership _____
New Filing _____	Approved _____	Rejected _____
		Entered by: _____