

Municipality of Anchorage
2026 Disabled Veteran Exemption Application/Annual Certification

AS 29.45.030 (e)-(i) Exemption up to \$150,000 of valuation

To qualify for tax exemption, property must be applicant's primary residence and permanent place of abode prior to January 1, 2026. Upon initial application, the owner must have been a resident of the State of Alaska for the entire year of 2025. In each subsequent year the property must be owned and occupied as the primary residence and permanent place of abode for at least 185 days prior to January 1, and when absent, the dwelling is not rented or leased to another.

Disabled Veteran Exemption: Must provide a current VA benefits summary letter (dated within one year) stating at least a 50% service-connected disability with the discharge date.

Residential Exemption: By submitting a written application for the Senior Citizen or Disabled Veteran Exemption, you will automatically submit an application for the residential exemption, which will supersede any residential exemption application previously submitted.

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

OR Email to:
propappcs@muni.org

For more information call: (907) 343-6770

Application must be complete and received or postmarked on or before March 15, 2026.

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

Property owners are required to notify the assessor of any change in ownership, property use, residency, status of disability or other factor affecting qualification for the exemption.

Real Property Number (Parcel ID Number)	Name of Applicant: Last Name	First Name	MI	Birth Date (MM/DD/YYYY)
Daytime Phone Number	Primary Email Address			
Property Site Address, if same as mailing write "same"	Mailing Address		City, State, Zip	

The applicant bears the burden of proof and must prove eligibility as outlined in State Statute and Anchorage Municipal Code

I am applying for: ☐ Disabled Veteran ☐ Disabled Veteran Widow/Widower

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

When did you most recently establish residency in the State of Alaska? (MM/DD/YYYY) _____

Were you absent from Alaska more than 185 days from December 31, 2024 to Present? ☐ Yes ☐ No

Has your legal name changed since the last recorded deed on the property? ☐ Yes ☐ No

*If yes, you must provide the legal name change documents

Has your property been transferred into a trust? ☐ Yes ☐ No

*If yes, you must provide Trust Documents/Certification of Trust

Did you apply for and receive the 2025 Alaska PFD? ☐ Yes ☐ No

Is any portion of this property used for rental purposes? ☐ Yes ☐ No

*If yes, what percent is used for rental purposes? _____ %

The municipal assessor or designee may request additional information prior to its determination, as reasonably necessary to determine the exempt status of a property in accordance with Municipal Code and regulations and state law.

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 and when absent, the dwelling is not rented or leased to another. I authorize the Municipality of Anchorage to obtain information necessary to verify my eligibility. Falsely applying for an exemption or failing to notify the Municipal Assessors Office of a change in exemption status may result in payment of back taxes, penalties, and interest for prior years.

SIGNATURE OF APPLICANT: _____ **Date:** _____

Municipality of Anchorage Disabled Veteran Exemption Information

Timely Applications accepted through March 15th (907) 343-6770, Fax :(907) 343-6599 www.muni.org/pa

“Disabled Veteran” means: a disabled person separated from the military service of the United States under a condition that is not dishonorable, who is a resident of the state, whose disability was incurred or aggravated in the line of duty in the military service of the United States, and whose disability has been rated as 50 percent or more service connected disability by the branch of service in which that person served or by the Veteran’s Administration, with an effective date prior to January 1st of the applicable tax year.

1. **Applicants that have any changes in ownership, in residency, permanent place of abode, disability or other factor affecting qualification for the exemption, must file each year by March 15th.** In addition to the application, the veteran must submit a current letter from the Veteran’s Administration indicating a 50% or more service-connected disability percentage rating and the effective date of the disability.
2. A qualified disabled veteran need not file an application for successive tax years if there is no change in ownership, in residency, permanent place of abode, status of disability, or other factor affecting qualification for the exemption. The assessor may require proof under this section at any time.
3. If the final disability rating required for exemption is not determined until after the period of timely filing has expired, the assessor may waive the claimant’s failure to make timely application and accept the application only if the applicant files the application for exemption with the assessor within 30 days of applicant’s receipt of the final disability rating.
4. **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 per year as the primary residence and when absent, the dwelling is not leased or rented to another.
5. **The applicant may not own other property** that is currently or will be receiving a homeowner, Residential, Senior or Disabled Veteran exemption.
6. **Applicant must be a resident of the State of Alaska for the entire year prior to the exemption year.**
7. **Application must be filled out completely.**
8. **Widow/Widower:** The widow/widower, of a previous program participant, may obtain an exemption under the above requirements. Must provide copies of marriage and death certificates.
9. **If property is recorded into a trust, and you are not the recorded trustee.** We do not need a copy of the entire trust but do require a copy of the following pages of the trust: First page of Trust, Page Designating you as the owner/trustee, Page that specifically identifies the property placed into trust, and the signature/date witness page.
10. **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, status of disability or other factor affecting qualification for the exemption. **Failure to notify may result in loss of exemption retroactively, payment of back taxes, penalties, and interest for prior years.**
11. If we have any questions, you will receive a phone call and/or letter. Please review your tax bill for the exemption. The tax bill should reference the exemption that is applied. If it does not; please contact our office immediately regarding the exemption.

State of Alaska Office of Veterans Affairs

Address:

4600 Debarr Road STE 180
Anchorage, AK 99508

Email:

alaska.veterans@alaska.gov

Phone Number:

907-334-0874