## Senior Exemption Application

### Fees and Age and Residency Verification Requirements

**List of Required Documents:**

- One supporting document showing age (65 or older); and
- One supporting document demonstrating proof of Alaska residency

**Documents Accepted**

<table>
<thead>
<tr>
<th>VERIFICATION OF AGE</th>
<th>VERIFICATION OF RESIDENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK Driver’s License</td>
<td>Alaska Voter Registration Card</td>
</tr>
<tr>
<td>Birth Certificate</td>
<td>Resident Fishing License</td>
</tr>
<tr>
<td>AK State Issued ID Card</td>
<td>Eligibility for PFD (1099-Misc)</td>
</tr>
</tbody>
</table>
Application for
Senior Sales Tax Exemption

Applicant Name: ___________________________ Date of Birth: ______________________

Spouse’s Name: ___________________________ Date of Birth: ______________________

Phone number: ___________________________ Email Address: ______________________

Mailing Address: ________________________________________________________________

City: ___________________________ State: ____________ Zip code: ____________

Residential Address: __________________________________________________________

☐ Own  ☐ Rent  ☐ Live with family  ☐ Long Term Care

Do you occupy the house shown above as your primary residence for at least 185 days each year?
☐ Yes  ☐ No

Is any portion of your house used for commercial or rental purposes?
☐ Yes  ☐ No

If yes, what percentage? __________%

I hereby certify that the answers given on this application are true and correct to the best of my knowledge. By signing this form, I am certifying that I am sixty-five years of age or older and am a resident of the State of Alaska as defined in Sitka General Code 4.09.100(Y). I understand that willful misstatement is punishable by a fine or imprisonment under AS 11.56.210/SGC 4.09.100(Y)(7).

Signature: ___________________________ Date: ______________________

Age and residency proof attached

For office use only:

Sales Tax Card Number Issued: __________________

Date Issued: __________________

Authorized CBS Employee: __________________

Utility Account Number/s: __________________

Personal ☐  Business n/a

Moorage Account Number/s: _________________

☐  n/a