**MATANUSKA-SUSITNA BOROUGH**
**Division of Assessment**
350 East Dahlia Avenue, Palmer, AK 99645
Phone (907) 861-8642 Fax (907) 861-8693 exemptionapp@matsugov.us

# 2027 Supplemental Residency & Occupancy Qualification Form

***For Applicants of Property Tax Exemption Who Do Not File/Receive a PFD***

**AS 29.45.030(e) – (i) & MSB 3.15.037 (A) – (C)**
***It is the property owner's responsibility to ensure receipt of the application by MSB***

To qualify for tax exemption, property must be the applicant's primary residence (domicile) and permanent place of abode prior to January 1, 2027. Upon initial application, the owner must have been a resident of the State of Alaska for the entire year 2026. Additionally, 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 of the year prior to January 1st. Property owners are required to notify the assessor of any change in property use, residency, disability status or other factors affecting qualification for the exemption. The Alaska Permanent Fund Dividend (PFD) is used to verify residency for the exemption program**; if you do not apply/receive the PFD, you must submit this form ANNUALLY on or before April 30, 2027, to maintain your property tax exemption.**

| **Tax Account Number** | **Name of Applicant** | **Phone Number** |
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| **Latest date you established Alaska Residency:** | **Do you hold an Alaska Drivers License?** Yes ☐ No ☐ |
| **Do you, *or your spouse*, receive tax exemptions in any other Borough or State?** Yes ☐ No ☐ | **AK DL #** **Date issued:** |
| **When not in Alaska, I reside at:** | **Are you registered to vote in Alaska?** Yes ☐ No ☐ |
| **During 2026 were you absent from Alaska at any time? (if yes, write dates absent, and reasoning)** | |

**Affidavit of Residency and Eligibility**

I, the undersigned, do hereby affirm and declare under penalty of law that I have been a resident of the State of Alaska, and have owned and occupied the subject property as my primary residence and permanent place of abode for a period exceeding (185) days during the applicable qualifying year, as required for the Matanuska-Susitna Borough Senior Citizen and/or Disabled Veteran Property Tax Exemption. I further affirm that my residency and occupancy meet the statutory residency requirements necessary to qualify for an Alaska Permanent Fund Dividend for the same qualifying period, as required for eligibility for the above-referenced exemption.

I certify that all of the information provided in this application, and in any supporting documentation submitted in connection with this exemption, is true, correct, and complete to the best of my knowledge and belief. I understand knowingly providing false or misleading information regarding residency, occupancy, or eligibility requirements constitutes unsworn falsification under Alaska law. I further understand that when false statements relate to eligibility standards, such conduct is subject to criminal penalties applicable to unsworn falsification, and may result in criminal prosecution and other penalties authorized by law, including denial or revocation of the exemption, or repayment of taxes due with interest.

I make this affidavit voluntarily and with full knowledge of the legal consequences of providing false or misleading information.

**Signature of Applicant** **Date**