

Complete this application only if you have applied for a Property Tax Exemption for Senior Citizens and People with Disabilities in a previous year. File along with all supporting documents at your County Assessor. Contact your county assessor at dor.wa.gov/countycontacts

Assessment year:	Tax year:	Tax code area:
Approved (date):	Exemption level:	Parcel number:
Denied (date/reason):		

Applicant name:		Date of birth:
Spouse/domestic partner or co-tenant name:		Date of birth:
Residence address:		
City:	State:	Zip:
Mailing address (if different than residence address):		
City:	State:	Zip:
Home phone:	Cell phone:	Email:

I am the surviving spouse/domestic partner of a person who was previously receiving this exemption and I was at least 57 years of age in the year my spouse/domestic partner passed away.

3 Renewal verification

Change in ownership: Yes No (This includes transfer to a trust or adding others to the deed. If yes, provide a copy of the transfer document and/or trust.)

I occupy the residence (check one):

More than 6 months in a calendar year. Less than 6 months in a calendar year.

If less than, were you in a hospital, nursing home, boarding home, adult family home, or home of a relative for the purpose of long-term care? Yes No

4 Combined disposable income

Year:

Total combined disposable income from the [Combined Disposable Income Worksheet](#): \$
(See instructions. Submit your completed worksheet with this application.)

5 Certification

By signing this form, I confirm that I:

- Have completed the income section of this form and all proof of income is included.
- Understand it is my responsibility to notify the county assessor if I have a change in income or circumstances and that any exemption granted through erroneous information is subject to the correct tax being assessed for the last five years, plus a 100 percent penalty.
- Declare under penalty of perjury that the information in this application packet is true and complete.
- Request a refund under the provisions of RCW 84.69.020 for taxes paid or overpaid as a result of mistake, inadvertence, or lack of knowledge regarding exemption from paying real property taxes pursuant to RCW 84.36.381 through 389.

Signature of applicant:

Date:

What to do next:

Send this form to your local county assessor.

Find your county assessors office here: dor.wa.gov/countycontacts

Instructions for completing the application

Complete Parts 1 through 5 in their entirety and include supporting documents to avoid delays in application processing. If you have questions, contact your county assessor's office.

Part 1

A co-tenant is someone who lives with you and has an ownership interest in your home.

Part 2

Check the appropriate box. See the *Documents to Include* section in these instructions to determine what to send for proof of age or disability.

Part 3

Complete Part 3 to verify and/or report any changes in ownership and occupancy since your last application or renewal. Provide supporting documents as indicated and/or requested.

Part 4

How combined disposable income is calculated

Per RCW 84.36.383(1) "combined disposable income" is your disposable income plus the disposable income of your spouse/domestic partner and any co-tenants, minus expenses for you or your spouse/domestic partner for:

How disposable income is calculated

"Disposable income" has a specific definition for the purpose of this program. Per RCW 84.36.383(6), "disposable income" is adjusted gross income, as defined in the federal internal revenue code, plus all of the following that were not included in, or were deducted from, adjusted gross income:

- Capital gains, other than a gain on the sale of a principal residence that is reinvested in a new principal residence.
- Amounts deducted for losses or depreciation.
- Pensions and annuities.
- Social security act and railroad retirement benefit.
- Military pay and benefits other than attendant-care and medical-aid payments.
- Veterans pay and benefits other than attendant-care, medical-aid payments, VA disability benefits, and DIC.

- Dividend receipts.
- Interest received on state and municipal bonds.

These incomes are included in "disposable income" even when it is not taxable for IRS purposes.

What are deductible expenses

Expenses paid by you or your spouse/domestic partner (not reimbursed or covered by insurance) for:

- Prescription drugs.
- Treatment or care of either person in the home or in a nursing home, boarding home, or adult family home.
- Health care insurance premiums for Medicare Parts A, B, C, and D only. Amounts paid for insurance premiums other than Medicare Parts A, B, C, and D are not deductible.
- Durable medical and mobility enhancing equipment and prosthetic devices.
- Medically prescribed oxygen.
- Long-term care insurance.
- Cost-sharing amounts (amounts applied toward your health plan's out of pocket maximum).
- Nebulizers.
- Medicines of mineral, animal, and botanical origin prescribed, administered, dispensed, or used in the treatment of an individual by a Washington licensed naturopath.
- Ostomic items.
- Insulin for human use.
- Kidney dialysis devices.
- Disposable devices used to deliver drugs for human use.

For additional information, review the instructions for the [Combined Disposable Income Worksheet](#).

Income thresholds

The income threshold to qualify for this exemption is the greater of the previous year's threshold or 70% of the county median household income. County specific thresholds can be found at dor.wa.gov/incomethresholds.

Documents to include

You must provide documentation to your county assessor's office to support the information reported on the application.

Proof of age or disability, ownership, and occupancy

Include copies of documentation showing you meet the age or disability, ownership, and occupancy requirements such as:

- A copy of your driver's license or state issued photo id.
- A copy of your voter registration.
- A copy of your birth certificate.
- If your eligibility is based on a disability: a copy of your disability award letter from SSA or VA, or a Proof of Disability statement completed and submitted by your physician.
- A complete copy of the trust documents, if applicable.
- A copy of your deed.
- Any other documents your county assessor requests.

Proof of income

Attach a completed [Combined Disposable Income Worksheet](#) and supporting documents. For additional detail on what to include, see the instructions for the [Combined Disposable Income Worksheet](#).