

Renewal Application Deferral for Homeowners with Limited Income

Chapter 84.37 RCW

Use this application only if you have applied for a Deferral for Homeowners with Limited Income in a previous year. File this completed application along with all supporting documents at your county assessor's office no later than September 1 in the year the taxes are due. Contact your county assessor at dor.wa.gov/countycontacts for assistance.

County use only

Deferral number: _____ Processed by: _____
Approve/deny date: _____ Deny reason: _____

This deferral application is for the second half of real property taxes due in the year.

Year: _____ Parcel or account number: _____

1 Applicant information

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

2 Renewal verification

Homeowners insurance: Yes No
If yes, provide a copy of your most recent Fire and Casualty Insurance policy and/or statement. See the instructions for more information regarding homeowners insurance.

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: More than 6 months in a calendar year. Less than 6 months in a calendar year.
If less than 6 months: 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

Liens and obligations (include balance as of January 1)

Reverse Mortgage	Yes	No \$
1st Mortgage	Yes	No \$
2nd Mortgage	Yes	No \$
Special assessments	Yes	No \$
Other liens, HELOC, etc.	Yes	No \$

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3 Combined disposable income

Year:

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

4 Certification

By signing this form, I confirm that I:

- Understand that any deferred real property taxes and/or special assessments, with interest, are a lien upon this property and the lien becomes due when:
 - I transfer ownership of my property to someone else.
 - I no longer permanently reside at the residence.
 - My property is condemned.
 - I no longer maintain a fire and casualty insurance policy naming the Washington State Department of Revenue as a loss payee in an amount that is sufficient to protect the interest of the state, and the deferred amount exceeds 100% of my equity in only the land value.
 - I die. Unless my surviving spouse, domestic partner, heir, or devisee is at least 57 years old, meets the qualifications for the deferral, and files an application with the county assessor within 90 days of your death.
- Understand that future deferrals are not automatic and I must renew my application to defer property taxes in a future year.
- Understand the annual interest rate on deferrals made in 2021 is 3%.
- Declare under penalty of perjury that the information in this application is true and complete.

Applicant signature:

Date:

Percent ownership:

Spouse/domestic partner signature:

Date:

Percent ownership:

Other owner signature:

Date:

Percent ownership:

Instructions for completing the application

Complete Parts 1 through 4 in their entirety and include supporting documents to avoid delays in application processing. Contact your county assessor's office at dor.wa.gov/countycontacts if you have questions.

This deferral does not have an age or disability requirement. However, before you can qualify to defer your second half taxes you must pay your first half taxes. In addition, your income must be \$57,000 or less, and you must have owned your home for at least five years.

Part 1

A co-tenant is someone who lives with you and has an ownership interest in your home. Other occupants are people who live with you who don't have ownership interest in your home.

Part 2

Complete Part 2 to verify and/or report any changes in homeowners insurance, ownership, occupancy, and liabilities since your last application or renewal. Provide supporting documents as indicated and/or requested.

Part 3

Complete and attach the [Combined Disposable Income Worksheet](#) and enter the total here.

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 deductible expenses.

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 benefits.
- 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 and Medicare supplemental (Medigap) policies.
- Durable medical and mobility enhancing equipment and prosthetic devices.
- Medically prescribed oxygen.
- Long-term care insurance.
- Cost-sharing amounts (amounts applied towards 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.
- Ostomy 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 deferral is \$57,000.

Documents to include

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

Proof of ownership and occupancy

Include copies of documentation showing you meet the ownership and occupancy requirements such as copies of your:

- Driver's license.
- Voter registration.
- Trust documents, if applicable.
- 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](#).