

APPLICATION FOR SENIOR OR DISABLED PERSON PROPERTY TAX EXEMPTION

I hereby make claim for reduction of property taxes, as provided in RCW 84.36.381-389, due and payable 2017. I do attest and affirm that:

- (1) I am 61 years of age or older on or before **December 31, 2016**.
 - At the time of filing, physically or mentally disabled or retired from regular gainful employment by reason of such disability. *(Proof of Disability required: Doctor's Verification, Social Security Award Letter, or 100% VA Award Letter)*
 - A surviving spouse (57 years or older) of the person receiving reduction at time of death.
- (2) Married Single/Never Married Widowed Divorced/Legally Separated _____(year) Married-Living Separately
- (3) **Date of Birth:** ____/____/____ **Spouse/Co-tenant/Domestic Partner's Date of Birth:** ____/____/____
- (4) I am the owner of the residence on which the property taxes have been imposed, and upon which this reduction is filed, either as fee owner, contract purchaser, or life estate therein. Includes lease for life.
- (5) This is my principal place of residence at the time of filing and for the year 2016. (Your principal residence is where you reside more than 6 months of the year.)
- (6) This residence is: A single family dwelling One unit of a multi-unit dwelling /CO-OP Mobile Home
- (7) I have sold property within the last year. Yes No I own the land the mobile home is located on. Yes No I own more than one piece of property. Yes No **Other Address:** _____
- (8) My Property is in trust Yes No **If yes, please include a copy of your trust.**
- (9) **I receive service connected veterans disability benefits.** Yes No PLEASE PROVIDE PROOF & PREVIOUS YEAR BANK STATEMENT
- (10) **I file a 2016 Income Tax Return with the IRS** Yes No *(If you file include 2016 tax filing and all schedules pertaining to income.)*

Please report combined taxable and non-taxable gross annual income for 2016, regardless of source. Do not include income for dependent children.

PROOF OF INCOME IS REQUIRED

	2016 Annual Income Amount	Office Use Only
1. Total Wages.....	\$ _____	
2. Total Interest Income and Dividends (No Exclusions).....	\$ _____	
3. Total Income from Rentals, Capital Gains, Partnerships, Trusts, Royalties, Estates, Farms, Businesses.....	\$ _____	
4. Total Federal Civil Service and Railroad Retirement	\$ _____	
5. Total Other Retirement, Pensions, Annuities and (Taxable) IRA's	\$ _____	
6. Total Unemployment Income, Foreign Income, Disability, L&I Pension, Alimony, and Gambling.....	\$ _____	
7. Total Veterans Benefits/Military Retirement or CRDP, CRSC (Other than Attendant Care Medical Aid).....	\$ _____	
8. Total Social Security - Applicant...(Deduct Medicare Insurance Premiums Part B)	\$ _____	
9. Total Social Security - Spouse/Co-tenant/Domestic partner (Deduct Medicare Insurance Premiums Part B)	\$ _____	
10. Total Income from Any Other Source..(Include Contributions From Other Household Members).....	\$ _____	
Sub Total.....	\$ _____	

2016 Deductible Expenditures (Proof required)

11. **Less:** Non-reimbursed prescription drugs + Medicare Part C & D if not excluded above \$ _____
12. **Less:** Non-reimbursed amount paid directly to nursing home, adult care facility or assisted living
(or in-home care of either applicant/spouse/co-tenant/domestic partner)..... \$ _____
13. **Less:** Service connected disability benefits \$ _____

Total Combined Income of Applicant and Spouse/Co-Tenant/Domestic Partner..... \$ **CAT** _____

AFFIDAVIT: I swear under the penalties of either civil or criminal perjury that the income I have provided is my entire income and all of the statements, as marked, are the truth.
REDUCTIONS RECEIVED ON BASIS OF ERRONEOUS INFORMATION SHALL BE SUBJECT TO THE COLLECTION OF TRUE TAXES PLUS 100% PENALTY FOR UP TO FIVE YEARS AS PROVIDED FOR IN RCW 84.40.130.

FF _____ AC _____ B _____ ID _____ A|L _____ Z _____ YP _____

Official Use Only

I certify that I have verified the foregoing income information from:
 IRS Tax Return Social Security Records Bank Statement Other

Dated this ____ day of _____ 20 ____

Assessor-Treasurer employee

DOL _____ PH _____ F/S _____ RW _____

Signature of Claimant _____

Spouse/Co-tenant/Domestic Partner _____

Home/Cell Phone Number _____

Address of property (if different than mailing address)

WITNESS REQUIRED _____ Date _____

WITNESS REQUIRED _____ Date _____

Parcel Number _____

Taxpayer Name _____

Taxpayer Mailing Address _____

SENIOR CITIZEN OR DISABLED PERSON PROPERTY TAX EXEMPTION

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Filing Your Application

Complete the Application included on the reverse of this paper and return it to the **Assessor-Treasurer's** office at 2401 South 35th Street, Room 142, Tacoma, WA 98409.

If you return the Application and proof of income by mail, the form must be signed by the applicant, or his/her attorney, or a duly authorized agent or guardian. The signature must be witnessed by two (2) persons known to the applicant.

If you return the Application to our office in person, our staff will witness your signature.

Residency

Your residence is defined as your principal single family dwelling unit, whether separate or part of a multi-unit dwelling. A mobile home on leased or rented land also qualifies as your residence.

The applicant must have occupied the residence in 2016 and at the time of filing. Temporary confinement to a hospital, nursing home, adult care facility or assisted living may not disqualify the applicant if 1) the residence is temporarily unoccupied, 2) is occupied by a spouse and/or persons financially dependent for support, or 3) if it was rented for the purpose of paying a nursing home or hospital.

Taxable and Non-Taxable Gross Income

All income of the applicant and spouse/co-tenant/ domestic partner, including contributions from other household members, during 2016 must be included. **Income documentation is required.** If you file an income tax return with the IRS, please wait until you file before submitting your application to us.

Losses or depreciation cannot be

APPLICATION INSTRUCTIONS

used to offset other income.

Capital gains, military retirement, dividends, state Labor & Industries, pension any foreign income, non-taxable disability and all other income are to be reported at full value.

**VERIFICATION OF ALL INCOME IS
REQUIRED.**

Disabled Veteran or Surviving Spouse

The Legislature passed SS5256 which allows you to exclude veterans' disability benefits and dependency and indemnity compensation as defined in Title 38 part 3, sections 3.4 and 3.5 of the code of federal regulations. If you are receiving these benefits they will be deducted from your disposable income. **Proof of service connected disability is required.** You must still include other military and veterans benefits other than attendant-care and medical-aid payments. Combat Related Special Compensation & Concurrent Retirement and Disability Pay Benefits must still be included in disposable income.

A 2016 bank statement will be required in addition to other income documents.

Allowable Deductions

You may take deductions from your disposable income for the following expenses paid by you, your spouse, co-tenant or domestic partner:

- Non-reimbursed amounts paid for a nursing home, assisted living, or adult family home.

- Non-reimbursed amounts paid for prescription drugs.
- Insurance premiums for Medicare under Title XVIII of the Social Security Act. (Part B,C/Medicare Advantage plan and D)
- Non reimbursed amounts paid for goods and services received by in-home care, items such as oxygen, special needs furniture, attendant-care, light housekeeping tasks, meals-on-wheels, life alert.

The Effects of Death and/or Retirement

If your spouse/co-tenant/domestic partner died or retired in 2016, your income amount may be computed differently. Please contact our office for assistance.

Income Categories

There are three income categories set by state law.

- Category A: \$30,000 or less
- Category B: \$30,001 - \$35,000
- Category C: \$35,001 - \$40,000

Appeal Of Denial

If your exemption application is denied by the Assessor-Treasurer, you may appeal to the Pierce County Board of Equalization within 60 days of the mailing of the notice of denial.

Questions?

Contact our Senior Citizen and Disabled Person Property Tax Exemption Department at 253-798-2169.

www.piercecountywa.org/atr



Mike Lonergan
Assessor-Treasurer