

# APPLICATION FOR SENIOR & 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 2009. I do attest and affirm that:

- (1) I am  61 years of age or older on or before December 31, 2008.  
 At the time of filing, physically or mentally disabled and 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  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 2008. *(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  Cooperative housing  
 A mobile home  Located on land with more than one residence  Located on land in excess of one acre
- (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 **Address:** \_\_\_\_\_
- (8) I receive service connected veterans/disability benefits.  YES  NO
- (9) I file/will file a 2008 Income Tax Return with the Internal Revenue Service  YES  NO *(Please include 2008 tax filing and all schedules pertaining to income.)*

Please report combined taxable and non-taxable gross annual income for 2008, regardless of source. Do not include income for dependent children.

**PROOF OF INCOME IS REQUIRED**

	2008 Annual Income Amount	Office Use Only
1. Total Social Security - Applicant...(Deduct Medicare Insurance Premiums).....	\$ _____	_____
2. Total Social Security - Spouse/Co-tenant/Domestic partner.....(Deduct Medicare Insurance Premiums).....	\$ _____	_____
3. Total Federal Civil Service and Railroad Retirement.....	\$ _____	_____
4. Total Other Retirement, Pensions, Annuities and IRA's.....	\$ _____	_____
5. Total Wages.....	\$ _____	_____
6. Total Unemployment Income, Public Assistance, Disability Income and L&I.....	\$ _____	_____
7. Total Veterans Benefits/Military Retirement or CRDP, CRSC (Other than Attendant Care Medical Aid).....	\$ _____	_____
8. Total Interest Income and Dividends (No Exclusions).....	\$ _____	_____
9. Total Income From Rentals, Capital Gains, Partnerships, Trusts, Royalties, Estates, Farms, Businesses.....	\$ _____	_____
10. Total Income from Any Other Source...(Include Contributions From Other Household Members).....	\$ _____	_____
<b>Sub Total.....</b>	<b>\$ _____</b>	_____

**Deductible Expenditures (Proof required)**

11. **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)..... \$ \_\_\_\_\_
12. **Less:** Non-reimbursed prescription drugs + Medicare Part D if not excluded above..... \$ \_\_\_\_\_
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. Your income for this year must be verified before the property tax reduction can be granted. IRS documentation must be attached.  
REDUCTIONS RECEIVED ON BASIS OF ERRONEOUS INFORMATION SHALL BE SUBJECT TO THE COLLECTION OF TRUE TAXES PLUS 100% PENALTY FOR UP TO THREE YEARS AS PROVIDED FOR IN RCW 84.40.130.

W  FF  O  B  S  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

**Signature of Claimant** \_\_\_\_\_

**Spouse/Co-tenant/Domestic Partner** \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

Address of property (if different than mailing address)  
\_\_\_\_\_  
\_\_\_\_\_

Parcel Number \_\_\_\_\_

Taxpayer Name \_\_\_\_\_

Taxpayer Mailing Address \_\_\_\_\_  
\_\_\_\_\_

WITNESS \_\_\_\_\_  
\_\_\_\_\_ Date

WITNESS \_\_\_\_\_  
\_\_\_\_\_ Date

# SENIOR CITIZEN & DISABLED PERSON PROPERTY TAX EXEMPTION

## 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 2008 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 2008 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 used to

## APPLICATION INSTRUCTIONS

offset other income.

Capital gains, veterans benefits, dividends and 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 for 2009 taxes. 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. CRSC, CRDP benefits must still be included in disposable income.

A 2008 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 and, your spouse, co-tenant or domestic partner:

- Non-reimbursed amounts paid for a nursing home, boarding home, or adult family home.
- Non-reimbursed amounts paid for prescription drugs.

- Insurance premiums for Medicare under Title XVIII of the Social Security Act.
- Non-reimbursed amounts paid for goods and services received by in-home care.

## The Effects of Death and/or Retirement

If your spouse/co-tenant/domestic partner died or retired in 2008, 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: \$25,000 or less
- Category B: \$25,001 - \$30,000
- Category C: \$30,001 - \$35,000

## 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](http://www.piercecountywa.org/atr)



**Dale Washam**  
Assessor-Treasurer