

**2020 RENEWAL APPLICATION FOR SENIOR OR DISABLED PERSON PROPERTY TAX EXEMPTION**

**Must Be Returned by April 23, 2020 Or Your Exemption May Be Canceled**

I hereby make claim for reduction of property taxes, as provided in RCW 84.36.381-389, due and payable 2020. I do attest and affirm that:

- (1)  Married  Single/Never Married  Widowed  Divorced/Legally Separated ( \_\_\_\_\_ )  Married-Living Separately  
date
- (2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Spouse/Co-tenant/Domestic Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- (3) This is, and has been my Principal Place of residence for more than 9 months in 2019  Yes  No
- (4) I have sold properties in 2019:  Yes  No Address/Parcel: \_\_\_\_\_  
**If yes, please provide original purchase documents and current sale documents for properties you sold.**
- (5) I own/co-own other properties:  Yes  No Address/Parcel: \_\_\_\_\_
- (6) I filed a 2019 Income Tax Return with the IRS : **(2020 INCOME DOCUMENTS/BANK STMTS WILL NOT BE ACCEPTED)**  
 Yes, please include **one month 2019 Bank stmt (REQUIRED), 2019 Income tax filing with all pages, forms, schedules, and 1099's/W-2's**  
 No, please provide a **one month 2019 (NOT CURRENT YEAR) bank stmt from all accounts. (REQUIRED) and all 1099's/W-2's**
- (7) I receive Veterans/DIC benefits.  Yes  No **If yes, please provide a Full one month 2019 bank statements from all accounts.**
- (8) Please list all other residents of home and their relationship to you: \_\_\_\_\_  
 Please report combined taxable and non-taxable gross annual income for 2019, regardless of source. Do not include income for dependent children.

**PROOF OF INCOME IS REQUIRED**

**2019 Annual Income Amount**

**OFFICE USE**

1. Total Wages (W-2) .....	\$ _____	_____
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 (Include 1099's) .....	\$ _____	_____
5. Total Other Retirement, Pensions, Annuities and (Taxable) IRA's (Include 1099's) .....	\$ _____	_____
6. Total Unemployment L&I, Disability, Alimony, and Gambling and Foreign Income .....	\$ _____	_____
7. Total Veterans/DIC Benefits/Military Retirement or CRDP, CRSC, VEAP and DEA .....	\$ _____	_____
8. Total Social Security - Applicant (Include your 2019 SS 1099) .....	\$ _____	_____
9. Total Social Security - Spouse/Co-Tenant/Domestic partner (Include your 2019 SS 1099) .....	\$ _____	_____
10. Total Income from Any Other Source (Include Contributions From Other Household Members) .....	\$ _____	_____
Sub Total .....	\$ _____	_____

**2019 Deductible Expenditures (Proof required)**

11. Less: Non-reimbursed prescription drugs + Medicare Part B, 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/domestic partner) .....	\$ _____	_____
13. Less: VA Service-Connected disability, DIC benefits, and L&I Time-loss .....	\$ _____	_____
<b>Total Combined Income of Applicant and Spouse/Co-Tenant/Domestic Partner .....</b>	<b>\$ _____</b>	<b>CAT _____</b>

AFFIDAVIT: I swear under the penalties of either civil or criminal perjury that the income I have provided is my entire income and all 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 \_\_\_\_\_ F/S \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	I certify that I have verified the foregoing income information: <input type="checkbox"/> IRS <input type="checkbox"/> SS 1099 <input type="checkbox"/> Bank Stmt <input type="checkbox"/> DD/DC <input type="checkbox"/> Other Dated this _____ day of _____ 20____ _____ <b>Assessor-Treasurer Employee</b>	DOL _____ Signature of Claimant _____ Spouse/Co-tenant/Domestic Partner _____ Home/Cell Phone Number _____
	Parcel Number _____	Email _____
	Taxpayer Name _____	Address of property _____
	Taxpayer Mailing Address _____	_____

# SENIOR CITIZEN OR DISABLED PERSON PROPERTY TAX EXEMPTION RENEWAL APPLICATION INSTRUCTIONS

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.

## Filing Your Application

Complete the Application included on the reverse side of this paper with proof of your 2019 income if your last name begins with **L-O** and return it to:

**Pierce County ATR  
2401 S 35th St, Rm 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.**

**Failure to complete this application by April 23, 2020 may result in cancellation of your property tax exemption.**

## Residency

Your residence is defined as your principal single family dwelling unit, whether separate or part of a multiunit dwelling. A mobile home on leased or rented land and you occupy it for **more than 9 months each calendar year.**

**The applicant must have owned the residence in 2019.** Temporary confinement to a hospital, nursing home, adult care facility, assisted living or a blood relative's home may not disqualify the applicant if the residence is temporarily unoccupied, is occupied by a spouse and/or persons financially dependent for support, or if it was rented for the purpose of paying a nursing home or hospital.

## Income Categories

**There are three income categories set by State law:**

**Category 1 31,644 or less  
Category 2 \$31,645—\$38,676  
Category 3 \$38,677—\$45,708**

**Income beyond this point may not qualify for a reduction.**

## Taxable and Non-Taxable

### Gross Income

**All income of the applicant and spouse/co-tenant/domestic partner, including contributions from other household members during 2019, must be included. Income documentation is required, including Income Tax Filing, if filed, 1099's, and Bank Statements.**

**If you file an income tax return with the IRS, please wait until you file before submitting your application.**

Losses or depreciation **cannot** be used to offset other income.

Capital gains, military retirement, dividends, State Labor & Industries and workers compensation-pensions, pension/retirement, annuities, IRAs, any foreign income, and all other income are to be reported at full value.

### VERIFICATION OF ALL INCOME IS REQUIRED

### Change to Your Income Category

You may be required to provide prior years income per RCW 84.36.385.

### Disabled Veteran or Surviving Spouse

Service Connected Veteran's Disability benefits or Survivors Dependency Compensation (DIC) will be deducted from your disposable income.

**Proof of Service-Connected Disability or DIC is required.**

You must still include other military and Veterans benefits, other than attendant-care and medical-aid payments. Combat Related Special Compensation (CRSC) & Concurrent Retirement, VAED and Disability Pay Benefits must be included as disposable income.

**2019 bank stmts are 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, or domestic partner. **Provide documentation for all allowable out-of-pocket expenses that were not reimbursed by insurance or a government program:**

- Non-reimbursed amounts paid for prescription drugs.
- Medicare Part B, Part C/Medicare Advantage Plan, and Part D (Supplement insurance plans may not be deducted)
- 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, lawn care, life alert, etc..

### The Effects of Death and/or Retirement

If your spouse/co-tenant/domestic partner was deceased or retired in 2019, your income amount may be computed differently. Please contact our office for assistance.

### 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 or Disabled Person Property Tax Exemption Department at **253-798-2169**

Monday thru Friday 8:30-4pm

[www.piercecountywa.gov/atr](http://www.piercecountywa.gov/atr)



**Mike Lonergan  
Assessor-Treasurer**