

**2019 STATUS CHANGE NOTICE FOR SENIOR OR DISABLED PERSON PROPERTY TAX EXEMPTION**

**Return By August 2, 2019 Only If Your Income Category/Eligibility Has Changed**

I hereby make claim for reduction of property taxes, as provided in RCW 84.36.381-389, due and payable 2019. I do attest and affirm that:

- (1)  Married  Single/Never Married  Widowed  Divorced/Legally Separated (provide decree)  Married-Living Separately
- (2) **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Spouse/Co-tenant/Domestic Partner's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_
- (3)  This is my principal place of residence at the time of filing and for the year 2018.
- (4) **In the year 2018, I have:**  
Purchased or Inherited property  Yes  No (If yes, please provide address): \_\_\_\_\_  
Sold property  Yes  No (If yes, please provide original purchase documents or deed and current sale documents)
- (5) I filed a 2018 Income Tax Return with the IRS :  
 **Yes, please include your 2018 income tax filing with all pages, forms, and schedules.**  
 **No, please provide all 1099's, W-2's, and one month of 2018 bank statements from all accounts. (One month is required)**
- (6) I receive Veterans benefits.  Yes  No **If yes, please provide proof & one month 2018 bank statements from all accounts.**
- (7) Please list all other residents of home and their relationship to you: \_\_\_\_\_  
Please report combined taxable and non-taxable gross annual income for 2018, regardless of source. Do not include income for dependent children.

**PROOF OF INCOME IS REQUIRED**

**2018 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 .....	\$ _____	
5.	Total Other Retirement, Pensions, Annuities and (Taxable) IRA's .....	\$ _____	
6.	Total Unemployment Income, Foreign Income, L&I, Alimony, and Gambling .....	\$ _____	
7.	Total Veterans Benefits/Military Retirement or CRDP, CRSC (Other than Attendant Care Medical Aid) .....	\$ _____	
8.	Total Social Security - Applicant <b>(Include your 2018 SS 1099)</b> .....	\$ _____	
9.	Total Social Security - Spouse/Co-Tenant/Domestic partner <b>(Include your 2018 SS 1099)</b> .....	\$ _____	
10.	Total Income from Any Other Source <b>(Include Contributions From Other Household Members)</b> .....	\$ _____	
	Sub Total .....	\$ _____	

**2018 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> .....	\$ _____	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 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.

<b>OFFICIAL USE ONLY</b>	FF _____	AC _____	B _____	ID _____	A/L _____	Z _____	YP _____	F/S _____
	I certify that I have verified the foregoing income information: <input type="checkbox"/> IRS <input type="checkbox"/> SS 1099 <input type="checkbox"/> Bank Statement <input type="checkbox"/> VA <input type="checkbox"/> DD/DC <input type="checkbox"/> Other Dated this _____ day of _____ 20____ _____ Assessor-Treasurer Employee				DOL _____ PH _____ Signature of Claimant _____ Spouse/Co-tenant/Domestic Partner _____ Home/Cell Phone Number _____ Email _____ Address of property _____ WITNESS REQUIRED _____ WITNESS REQUIRED _____			
Parcel Number _____ Taxpayer Name _____ Taxpayer Mailing Address _____								

# SENIOR CITIZEN OR DISABLED PERSON STATUS CHANGE NOTICE

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.

## If your Last Name Begins With A-G OR L-Z This Notice Is For You.

You are **required** to review your income category and eligibility status on an annual basis.

### RESPOND ONLY IF YOUR INCOME CATEGORY AND/OR ELIGIBILITY STATUS HAS CHANGED.

#### Notify Us of Changes

You must notify the Assessor's office if:

- Your 2018 income category has changed;
- You sold a home;
- You no longer live in your home; or, your spouse passed or retired.
- You are no longer disabled or have entered into gainful employment
- Your marital status changed.

## 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

Income beyond this point may not qualify for a reduction.

All income of the applicant and spouse/co-tenant/domestic partner including contributions from other household members during 2018 must be disclosed.

Losses or depreciation cannot be used to offset other income.

#### Allowable Deductions

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

- Non-reimbursed amounts paid for prescription drugs.

- Medicare Part B, Medicare Part C/ Medicare Advantage, and Medicare Part D (supplement insurance plans are not deductible)
- 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.

If you have a change in status, you must complete the application on the back with proof of income and return it to the Assessor's office by **August 2, 2019** at:

**Pierce County ATR  
2401 S 35th St, Rm 142,  
Tacoma, WA 98409.**

#### Questions?

Contact our Senior Citizen or Disabled Person Property Tax Exemption Department at **253-798-2169**  
[www.piercecountywa.org/atr](http://www.piercecountywa.org/atr)



**Mike Lonergan  
Assessor-Treasurer**

## Renewal and Status Change Schedule

Last Name Beginning With	2019	2020	2021	2022	2023	2024
H—K	Renewal Notice	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice
L—O	Status Change Notice	Renewal Notice	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice
P—S	Status Change Notice	Status Change Notice	Renewal Notice	Status Change Notice	Status Change Notice	Status Change Notice
T—Z	Status Change Notice	Status Change Notice	Status Change Notice	Renewal Notice	Status Change Notice	Status Change Notice
A—C	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice	Renewal Notice	Status Change Notice
D—G	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice	Renewal Notice

This Application is subject to audit by the Washington State Department of Revenue.

See Reverse