

**For property taxes due in 2022
(2021) Income documents required**

1 - Applicant Information:

Applicant name: _____ Date of Birth: _____
First / Middle / Last

Spouse/domestic partner/Co-tenant: _____ Date of Birth: _____
(Circle one)

I am: (check appropriate box below)

- Married Single Widowed (include copy of death cert.) Divorced/Legally separated (provide decree)

Physical address: _____ City: _____ Zip: _____

Mailing address (if different than physical address): _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

2 - Age/Disability: (Proof of ID is required-such as State ID, Driver's license, Passport)

- I was 61 years of age or older on December 31, 2021. **(Copy of ID is required)**
 Not 61, but I have received a disability determination notice effective prior to December 31, 2021.

The effective date of my disability is: _____

(Include a copy of your SSI Award Letter, or Proof of Disability Form completed by your physician).

- Not 61, but I am a veteran with an 80% service-connected evaluation or compensated at 100% rate due to service-connected disability. **(Include a copy of your VA Compensation/Award Letter)**
 Not 61, but I am the surviving spouse/domestic partner of a person who was previously receiving this exemption and I was at least 57 years of age in the year my spouse/domestic partner passed away.

3 - Property Information:

Parcel or Property Tax Account Number: _____

Type of residence: (select one of the following):

- Single-family residence Co-op Housing
 Single unit of a multi-dwelling (duplex or condo) Mobile Home in a mobile home park

This property includes:

- My principal residence and less than or equal to one acre of land.

This property is in the name of a Trust: Yes No If yes, please provide a copy of your Trust.

I use my residence for business use: Yes No If yes, please provide the % of your home _____
or square footage used _____ for business.

I rent out a portion of my residence: Yes No If yes, please provide the % of your home _____
or square footage used _____ for rental income.

4 - Property Ownership and Occupancy:

Date property purchased: _____ Date property initially occupied: _____

I am the owner OR I hold a lease for life I hold a life estate for this residence.

I occupied the residence (check one):

More than 6 months last year. Less than 6 months last year.

I own another property. If yes, where: _____

I have received an exemption before. Yes No

If yes, when: _____ where: _____

I sold my former residence: Yes No

If yes, when: _____

I sold other property in the year 2021. Yes No

If yes, where: _____

5 - Income (Combined Disposable) – 2021 Income documents are required

COMBINED DISPOSABLE INCOME CALCULATION: Maximum Income Limit: \$58,423. Attach a copy of your Complete IRS tax return, W-2, Social Security statement, copies of all 1099 forms and include income from Spouse/domestic partner or co-owner. While ALL income sources must be disclosed, not all sources are included in the final income calculation. **All self-prepared tax returns MUST have supporting docs (W-2, 1099's, SSA-1099, etc.) submitted with it.**

Are you required to file a federal income tax form? Yes No

Part I - Combined Disposable Income Worksheet

2021 Income

Earned wages, salaries, tips - (Form 1040, line 1) – Attach Form(s) W-2	\$
Net Social Security (after Medicare is deducted) – Attach Form SSA-1099	\$
VA Disability Benefit and/or Disability Income – Attach VA or SS Award Letter	\$
Retirement, Pension, Annuity income - (Form 1040, line 5a/5b) – Attach Forms 1099	\$
IRA (Taxable Amount) (Form 1040, line 4b) – Attach Forms 1099	\$
Unemployment Compensation – (Form 1040, Schedule 1-line 7) – Attach Schedule 1 and 1099-G	\$
Taxable & Non-Taxable Interest and/or Dividends - (Form 1040, lines 2a, 2b & 3b) – Attach Form(s) 1099-INT and Form(s) 1099-DIV	\$
Business Income before depreciation - (Form 1040, Schedule 1-line 3) – Attach Schedule 1 and C	\$
Total Capital Gains – DO NOT deduct losses - (Form 1040, line 7) – Attach Schedule D, if required	\$
Rental Income before depreciation - (Form 1040, Schedule 1-line 5) – Attach Scheduled 1 and E	\$
Trust, Partnership, Estate or Royalty Income	\$
Taxable & Non-Taxable Bonds	\$
Gambling Winnings – (Form 1040, Schedule 1-line 8b) – Attach Schedule 1 and Form W2-G	\$
Public Assistance and Alimony Received – Attach Award statement	\$
Money received from another country – Attach proof of income docs	\$
Money received from family members – Attach letter or statement from family member	\$
Money earned by co-owner (provide redacted copies of their income documents)	\$
2021 Income Subtotal:	\$

NOTE: Failure to attach income documents may result in delay or denial of your application.

5 – Income (continued)

NOTE: Failure to attach paid statements/invoices for the above expenses may result in delay of processing your application or the expenses will not be deducted.

Deductions: Include amounts paid by you and your spouse or domestic partner that were NOT reimbursed by insurance or other organizations or providers. **Please see the last page (4) for an explanation of the allowed deductions.**

Part II – Non-Reimbursed Expenses (DEDUCTIONS)	Paid in 2021
Nursing home, assisted living or adult family home	\$
Home health care	\$
Prescription drugs	\$
Medicare parts A, B, C, D insurance premiums <i>(do not include if deducted from SS income above)</i>	\$
Medicare supplemental/Medigap insurance premiums	\$
Durable medical and mobility enhancing equipment and prosthetic devices	\$
Medically prescribed oxygen	\$
Long-term care insurance	\$
Cost-sharing amounts	\$
Nebulizers	\$
Medicines of mineral, animal and botanical origin prescribed, administered, dispensed by a naturopath licensed under Washington law	\$
Ostomic items	\$
Insulin for human use	\$
Kidney dialysis devices	\$
Disposable devices used to deliver drugs for human use	\$
Adjustment to income (Form 1040 line 10-> Schedule 1 Part II line 26) Attach Schedule 1 Part I & II	\$
2021 Total Deductions	\$
(Your Income Subtotal minus your total deductions) = 2021 NET TOTAL INCOME	\$

6 - Certification/Signature:

By signing this form, I confirm that I:

- Have completed the income section of this form and all proof of income is included.
- Understand it is my responsibility to notify the King County Assessor's office if I have a change in income or circumstances and that any exemption granted through erroneous information is subject to the correct tax being assessed for the last five years, plus a 100% penalty.
- Declare under penalty of perjury that the information in this application packet is true and complete.
- Request a refund under the provisions of RCW 84-69-020 for taxes paid or overpaid as a result of mistake, inadvertence, or lack of knowledge regarding exemption from paying real property taxes pursuant to RCW 84.36.381 through 389.

Signature of applicant: _____ **Date:** _____

For security reasons, please DO NOT EMAIL your personal information and application to our office.

It is recommended that you redact (cover with a marker) your Social Security number and all account numbers on your documents before mailing them to our office.

Non-Reimbursed expenses/deductions:

(Explained in the order it appears on the expenses worksheet in Section 5 Part II on page 3)

- **Enter nursing home, assisted living facility, or adult family home expenses incurred.** Provide copies of paid invoices or equivalent documents for the amounts entered.
- **Enter home health care expenses incurred.** Home health care means the treatment or care received in the home that is similar to the type of care provided in the normal course of treatment or care in a nursing home. The providers of home health care do not have to be licensed for the cost to be deductible under the provision. **Qualifying expenses may be:** physical therapy received in the home, medical treatments or care received in the home, attendant care, light housekeeping tasks, meals-on-wheels, or life alert. Provide copies of paid invoices or equivalent documents for the amounts entered.
- **Enter the amounts paid for prescription drugs.** Provide a year-end statement from your pharmacy showing what you paid out-of-pocket for non-reimbursed prescription drugs.
- **Enter the amounts paid for Medicare Parts A, B, C, or D insurance premiums.** Provide copies of SSA-1099, invoices, or equivalent documents for amounts entered.
- **Enter the amounts paid for approved Medicare supplemental insurance premiums.** Provide copies of statements identifying insurance company, plan number, and premiums paid.
- **Enter amounts paid for durable medical equipment, mobility enhancing equipment, and prosthetic devices.** Deductible amounts include for purchase, rental, repair, cleaning, replacement parts, etc. **Review WAC 458-20-18801 tables 1, 3 and 5 for qualifying items.** Provide receipts or invoices for amounts entered.
- **Enter amounts paid for medically prescribed oxygen, including but not limited to, oxygen concentrator systems, oxygen enricher systems, liquid oxygen systems, and gaseous, bottled oxygen systems prescribed.** Provide receipts or paid invoices for amounts entered.
- **Enter amounts paid for long-term care insurance premiums.** Provide paid invoices or equivalent documents for amounts entered.
- **Enter amount paid for cost-sharing. Cost-sharing amounts included deductibles, co-insurance, co-payments for enrollees in health plan; the amounts counted toward the plans out-of-pocket maximum.** Provide a coverage summary that identifies the amount of out-of-pocket maximum entered. Make sure your name is printed on it.
- **Enter amounts paid for nebulizers; a device, not a building fixture, that converts a liquid medication into a mist so that it can be inhaled.** Provide receipts or paid invoices for amounts entered.
- **Enter amounts paid for medicines of mineral, animal, and botanical origin prescribed, administered, dispensed, by a naturopath licensed under Washington law.** Provide receipts or paid invoices for amounts entered. Include a copy of the treatment plan, and the name of the naturopath and their Washington license number.
- **Enter the amounts paid for ostomic items: disposable medical supplies used by colostomy, ileostomy, and urostomy patients, and includes bags, belts to hold up bags, tapes, tubes, adhesives, deodorants, soaps, jellies, creams, germicides and other like supplies.** **Does not include** undergarments, pads and shields to protect undergarments, sponges or rubber sheets. Provide receipts or invoices identifying items and amounts paid.
- **Enter amounts paid for insulin for human use.** Provide receipts or invoices identifying items and amounts paid.
- **Enter amounts paid for kidney dialysis devices.** Provide receipts or invoices identifying items and amounts paid.
- **Enter amounts paid for disposable devices used to deliver drugs such as syringes, tubing, or catheters.** **Does not include** a stand or device that holds the tubing or catheter. Provide receipts or invoices identifying items and amounts paid.
- **Adjustments to income.** Refer to your Federal Form 1040 line 10. This amount should be from Schedule 1 of your Form 1040, Part II line 26. Provide a copy of your complete 1040, including Schedule 1.

Please mail your application and redacted documents to:

**Department of Assessments
KSC – AS – 0708
201 S. Jackson St., Room 708
Seattle, WA 98104-3854**