



Dept. of Assessments  
King County Admin Bldg  
500 Fourth Ave., Room 740  
Seattle, WA 98104-2384  
206-296-3920

**SENIOR CITIZEN & DISABLED  
PERSONS REDUCTION  
IN PROPERTY TAXES**  
File Application with the King County Assessor  
for taxes due in **2016** per RCW 84.36

You will receive notification within 4-8 weeks

**PLEASE PRINT YOUR INFORMATION.**

- I am applying for a senior citizen or disabled exemption and certify the following (mark appropriate boxes):
  - I currently **own and occupy** this property as my principal residence as of December 31, 2015. **OR** I have attached a copy of a recorded Lease for Life/Life Estate/Trust indicating my retained ownership.
  - I am or will be 61 years of age or older on or before December 31, 2015. **Attach proof of age such as driver's license.**
  - I am **disabled and unable** to work by reason of my disability. Attach a current physician's statement attesting to your disability if under the age of 61 or **attach a copy of your SSI award letter.**
  - I am a veteran with a service-connected disability. **Attach a copy of your VA award letter.**
  - My spouse / domestic partner was previously approved for an exemption, and I am at least 57 years old.
- Birthdate: \_\_\_\_\_ Spouse/ Domestic Partner Birthdate: \_\_\_\_\_ Date Property Purchased / Occupied: \_\_\_\_\_
- Parcel /Tax Account #:

<b>4. COMBINED DISPOSABLE INCOME</b>			
Include IRS returns and <i>ALL</i> taxable and non-taxable income of claimant, spouse/domestic partner, and co-tenant(s).			
<u>Attach all documents</u>		<u>MAXIMUM INCOME LIMIT IS \$40,000</u>	
Total Earned Wages	\$ _____	Public Assistance or Alimony received	\$ _____
NET Social Security (less Medicare)	\$ _____	Money received from another Country	\$ _____
VA Benefit or Disability Income	\$ _____	Money received from family	\$ _____
Retirement and Pension Income	\$ _____	Money earned by a co-tenant	\$ _____
IRA or Annuity Disbursements	\$ _____	Any other financial resources	\$ _____
Unemployment Income	\$ _____	<b>SUB TOTAL OF INCOME: \$ _____</b>	
Taxable & Non-Taxable Interest or Dividends (Schedule B)	\$ _____	<b>NON-REIMBURSED EXPENSES (DEDUCTIONS)</b>	
Business Income before Depreciation	\$ _____	- Assisted Living Facility/Adult Family Home	-
Capital Gains ( <b>DO NOT</b> deduct ANY Capital Losses)	\$ _____	- In-Home Care OR Nursing Home Expenses	-
Rental Income before Depreciation	\$ _____	- Non-Reimbursed Prescription Costs and/or Co-Pays	-
Trust, Partnership, Estate or Royalty	\$ _____	- IRS Form 1040 (line 36) or 1040A (line 20)	-
Taxable & Non-Taxable Bonds	\$ _____	<b>TOTAL NET 2015 INCOME: \$ _____</b>	

<b>Documentation of income and expenses must be included</b>			
<b>5.</b>	Claimant's Name:	Spouse/Domestic Partner/Co-Tenant Name:	
	Property Address:		
	City, State, Zip:	Phone:	
	Mailing Address if different:	Email:	

**Any exemption granted through willfully providing erroneous information shall be subject to the correct tax being assessed for the last three (3) years, plus a 100% penalty, (RCW 84.40.130). I declare under the penalties of perjury, that all of the foregoing statements are true.**  
**Your signature must be witnessed by two (2) people OR by one (1) Deputy Assessor.**

Claimant's Signature	Date Signed	Witness Signature	Date Signed
Deputy Assessor:	Date Signed	Witness Signature	Date Signed

<b>For Department Use Only:</b>									
Ex Level:	S	P	F	Approved	Denied	Reviewer Initials:	Need Seg?	YES	NO

## NEW APPLICATION INSTRUCTIONS

Your claim is being filed with the King County Assessor's office for taxes payable in **2016** under the requirements of RCW 84.36. The statute has been revised to increase income limits beginning January 1<sup>st</sup>, 2016 and going forward. Please see the table on the reverse side of the enclosed letter for more details on this statutory revision. Please note that it may take up to eight (8) weeks to process your application.

### **NUMBERS BELOW CORRESPOND TO THE SECTIONS ON THE APPLICATION FORM**

1. Mark all boxes that apply to you. If you are disabled and under 61 years of age, you must:
  - Supply a current, physician-signed disability form indicating the year the disability occurred, the type of disability and whether the disability is temporary or permanent.
  - Or** provide a copy of your SSI or VA award letter.
2. Complete:
  - Birth date
  - Spouse/domestic partner birth date
  - Date of purchase and occupancy of residence
  - Copy of a driver's license or identification for each applicant

3. Write in your parcel / tax account number, which can be found on the upper left-hand corner of your *Property Tax Statement / Bill*. If you cannot locate this number, please leave this line blank, and staff will enter the number.

#### 4. Combined Disposable Income

Disposable income includes, but is not limited to taxable and non-taxable sources (attach documentation):

Social Security (less Medicare)	VA or Disability Income
Retirement and Pension Income	IRA or Annuity Disbursements
Trust and/or Royalty Disbursements	Taxable and non-taxable Interest or Dividends
Capital Gains	Partnership Disbursements
Business Income	Rental Income
Public Assistance or Alimony	Income received from another country
Wages	Income received from family
Unemployment compensation	Income from co-tenants that reside in the same home

Non-reimbursed expenses (deductions) include, but are not limited to (documentation required):

Nursing Home	Assisted Living Facility
Adult Family Home	Non-Reimbursed Prescription Costs/Co-Pays
In-Home Care Expenses (oxygen, Meals on Wheels, special needs furniture, attendant care, housekeeping)	

Documentation – please feel free to block out your Social Security number if you wish.

- Are you required to file a federal tax return?  Yes  No
- For a professionally prepared tax return, please provide a copy of the **complete return including all schedules.**
- For a self-prepared tax return, also include copies of **all** year-end statements (1099's, W2's, etc.).
- If you are not required to file a tax return, please provide copies of **all** year-end statements (1099's, W2's, etc.).
- Verification must be provided for **all** income and expenses (deductions).
- All** income and deduction sources must be attached or your claim will be delayed. All income must be disclosed whether federally taxable or not and whether reported on your tax return or not.

#### 5. Name/Address/Signature:

- Complete name(s), address, and phone number
- Sign and date
- Obtain witness signatures