



King County

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
per RCW 84.36

2020 Income Required for property taxes due 2021

1 Applicant Information:

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

Spouse/domestic partner/Co-tenant: _____ Date of Birth: _____

I am: Married Single Widowed Divorced/Legally separated (provide decree) Married – living apart

Physical address: _____ City: _____ Zip: _____

Mailing address (if different than physical address): _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

2 Age/Disability: (Proof of age is required)

- I am 61 years of age or older on December 31st, 2020. (ID is required)
- Not 61, but I have received a disability determination notice **effective prior to December 31, 2020. The effective date of my disability is:** _____
(Include a copy of your SSA Award Letter, or Proof of Disability Form completed by your physician).
- 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)
- I am the surviving spouse/domestic partner of a person who was previously receiving this exemption and 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 Housing co-op

Single unit of a multi-dwelling (duplex or condo)

Mobile Home Year: _____ Make: _____ Model: _____

- If mobile home, has the certificate of title been eliminated? Yes No
- If mobile home, do you own the land where the mobile home is located: Yes No

This property includes:

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

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, hold a lease for life, or 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 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 2020. Yes No

If yes, where: _____

5 Income (Combined Disposable) – 2020 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.

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

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

Total Earned wages, salaries, tips (form 1040, line 1)	\$	Public Assistance and Alimony Received	\$
NET Social Security (after Medicare deducted)	\$	Money received from another country	\$
VA Benefit and/or Disability Income	\$	Money received from family members	\$
Retirement, Pension, Annuity	\$	Money earned by co-owner (provide income documents)	\$
IRA (Taxable Amount)	\$	Other financial resources	\$
Unemployment	\$	2020 INCOME SUBTOTAL:	\$
Taxable & Non-Taxable Interest and/or Dividends (Form 1040 lines 2a, 2b & 3b)	\$	NON-REIMBURSED EXPENSES (DEDUCTIONS) Paid invoices/receipts required for the deductions below	
Business Income before Depreciation	\$	Assisted Living or Adult Family Home Cost	\$
Total Capital Gains DO NOT deduct losses	\$	In-Home Care and/or Nursing Home Cost	\$
Rental Income before Depreciation	\$	Non-Reimbursed Prescription Cost	\$
Trust, Partnership, Estate or Royalty Income	\$	Approved Medicare Advantage Plan Premiums (Excludes Supplemental Insurance or MediGap)	\$

Taxable & Non-Taxable Bonds	\$	Adjustments to Income (Form 1040, Sch 1)	\$
Gambling Winnings	\$	2020 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.

Please mail your application and documents to:
 King County Department of Assessments, 500 Fourth Avenue, Room 740, Seattle, WA
 98104-2384.

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.