County Use Only

King County

Department of Assessments
KSC-AS-0708
201 South Jackson St.
Seattle, WA 98104-3854
206-296-3920

Senior Citizen and People with Disabilities
Reduction in Property Taxes
File Application with the
King County Assessor per RCW 84.36
For property taxes due in 2026
2025 Income documents required

Maximum Combined (net) Total (2025) Income = $84,000

1- Application Type (Check One or leave blank if unknown):

☐ New (or off program for **more** than 1 year) ☐ Reinstatement (only off program 1 year)
☐ Transfer from parcel #_____ in _____ county.

2- Applicant Information:

Applicant name:_____ **Date of Birth:**_____
First *Middle* *Last*
Spouse/domestic partner/Co-tenant:_____ **Date of Birth:**_____
Please circle one of the options. ⓘ Co-tenant = co-owner who lives on property

I am: (check appropriate box): ☐ Married ☐ Single ☐ Widowed ☐ Divorced/Legally separated

Parcel or Property Tax Account Number _____

Physical address:_____ **City:**_____ **Zip:** _____

Mailing address (if different than physical address): _____

City: _____ **State:** _____ **Zip:** _____

Do you want all tax bills and value notices updated to this address? ☐ Yes ☐ No

Home phone: _____ **Cell phone:** _____ **Email:** _____

3- 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, 2025.**
☐ Not 61, but I have received a disability determination notice **effective on or prior to December 31, 2025.**
The effective date of my disability is: _____
☐ Not 61, but I am a veteran with an 80% service-connected evaluation or compensated at 100% rate due to service-connected disability **effective on or prior to December 31, 2025.**

4- Type of Residence (Check One):

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

5- Property Ownership and Occupancy (Check One):

☐ I am the owner ☐ I hold a lease for life ☐ I hold a life estate for this residence ☐ Property is in name of a Trust

Date property purchased: _____ Date property initially occupied: _____

I occupied the residence: ☐ More than 6 months last year (2025). ☐ Less than 6 months last year (2025).

I own another property: ☐ Yes ☐ No
If yes, what is the address: _____

I have received an exemption before: ☐ Yes ☐ No
If yes, when:_____what is the address: _____

I sold other property in the year 2025. ☐ Yes ☐ No
If yes, what is the address: _____

6- My Combined Disposable Income (CDI) range is: (Check One)

☐ $72,001 - $84,000 ☐ $60,001 - $72,000 ☐ At or below $60,000

7- Income (Combined Disposable) – 2025 Income documents are required (See Instructions pgs. 3-6)

If you are not making an income, please provide documentation showing how you pay for daily expenses, including but not limited to January through December **2025** bank statements.

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

Part I - Income	**2025 Income**	**Part 2 - Deductions**	**Paid in 2025**
1. Earned wages, salaries, tips	$	17. Nursing home, assisted living or adult family home	$
2. Net Social Security	$	18. Home health care	$
3. Social Security Disability Income	$	19. Prescription drugs	$
4. Retirement, Pension, Annuity income	$	20. Medicare parts A, B, C, D insurance premiums	$
5. IRA (Taxable Amount)	$	21. Medicare advantage/supplemental/Medigap insurance premiums	$
6. Unemployment Compensation	$	22. Durable medical and mobility enhancing equipment and prosthetic devices	$
7. Taxable & Non-Taxable Interest and/or Dividends	$	23. Medically prescribed oxygen	$
8. Business Income before depreciation	$	24. Long-term care insurance	$
9. Total Capital Gains. DO NOT deduct losses.	$	25. Cost-sharing amounts	$
10. Rental Income before depreciation	$	26. Nebulizers	$
11. Trust, Partnership, Estate or Royalty Income	$	27. Medicines of mineral, animal and botanical origin prescribed, administered, dispensed by a naturopath licensed under Washington law	$
12. Taxable & Non-Taxable Bonds	$	28. Ostomic items	$
13. Gambling Winnings	$	29. Insulin for human use	$
14. Public Assistance and Alimony Received	$	30. Kidney dialysis devices	$
15. Money received from another country	$	31. Disposable devices used to deliver drugs for human use	$
16. Money earned by co-owner	$	32. Adjustment to income (Form 1040 line 10-> Schedule 1 Part II line 26)	$
2025 Income Subtotal:	$	**2025 Total Deductions:**	$
(Your Income Subtotal – (minus) the total deductions) = **2025 NET TOTAL INCOME**			$

Part 3: Additional Income to Report (Do not add to your income total but required to report if received)	
33. VA Disability Benefit	$
34. Money received from family	$

Maximum Combined (net) Total (2025) Income = $84,000

☐ I, the undersigned, am confident in the income and expense amounts reported on this application.

☐ I, the undersigned, would prefer a processor to review my reported income and expenses on this application. Supporting documents attached.

8- Certification/Signature:

By signing this form, I confirm that I:
Declare under penalty of perjury that the information in this application packet is true and complete. **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. **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:** _____

ⓘ If signed by Power of Attorney (POA), a copy of a signed POA must be attached.