

**2019 RENEWAL APPLICATION FOR SENIOR OR DISABLED PERSON PROPERTY TAX EXEMPTION**

**Must Be Returned By April 23, 2019 Or Your Exemption May Be Canceled**

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**

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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 (Include your 2018 SS 1099) .....	\$ _____	
9. Total Social Security - Spouse/Co-Tenant/Domestic partner (Include your 2018 SS 1099) .....	\$ _____	
10. Total Income from Any Other Source (Include Contributions From Other Household Members) .....	\$ _____	
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>	<b>\$ _____</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.

FF \_\_\_\_\_ AC \_\_\_\_\_ B \_\_\_\_\_ ID \_\_\_\_\_ A/L \_\_\_\_\_ Z \_\_\_\_\_ YP \_\_\_\_\_ F/S \_\_\_\_\_

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I certify that I have verified the foregoing income information:  
 IRS  SS 1099  Bank Statement  VA  DD/DC  Other  
 Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 \_\_\_\_\_  
 Assessor-Treasurer Employee

DOL \_\_\_\_\_ PH \_\_\_\_\_

Signature of Claimant \_\_\_\_\_

Spouse/Co-tenant/Domestic Partner \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_

Parcel Number \_\_\_\_\_

Email \_\_\_\_\_

Taxpayer Name \_\_\_\_\_

Address of property \_\_\_\_\_

Taxpayer Mailing Address \_\_\_\_\_

WITNESS REQUIRED \_\_\_\_\_

WITNESS REQUIRED \_\_\_\_\_

# SENIOR CITIZEN OR DISABLED PERSON PROPERTY TAX EXEMPTION RENEWAL APPLICATION INSTRUCTIONS

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.

## Filing Your Renewal Application

Failure to complete and return the application by April 23, 2019 may result in the cancellation of your property tax exemption. The full property tax amount will then become due.

Complete the Application if your last name begins with **H through K**. This is your renewal year. Return it to:

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

If you return the Application and proof of income by mail, the form must be signed by the applicant, or his/her attorney, or a duly authorized agent or guardian.

## Residency

Your residence is defined as your principal single family dwelling unit, whether separate or part of a multiunit dwelling. A mobile home on leased or rented land also qualifies as your residence.

The applicant must have occupied the residence in 2018 and at the time of filing. Temporary confinement to a hospital, nursing home, adult care facility or assisted living may not disqualify the applicant if the residence is temporarily unoccupied, is occupied by a spouse and/or persons financially dependent for support, or if it was rented for the purpose of paying a nursing home or hospital.

## 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.

## Taxable and Non-Taxable Gross Income

All income of the applicant and spouse/co-tenant/domestic partner, including contributions from other household members during 2018, must be included. Income documentation is required, including Income Tax Filing, if filed, 1099's, and Bank Statements.

If you file an income tax return with the IRS, please wait until you file before submitting your application.

Losses or depreciation cannot be used to offset other income.

Capital gains, military retirement, dividends, State Labor & Industries and workers compensation, pension/retirement, annuities, IRAs, any foreign income, and all other income are to be reported at full value.

## VERIFICATION OF ALL INCOME IS REQUIRED

## Change to Your Income Category

You may be required to provide prior years income per RCW 84.36.385.

## Disabled Veteran or Surviving Spouse

Service Connected Veteran's Disability benefits or Survivors Dependency Compensation (DIC) will be deducted from your disposable income.

**Proof of Service-Connected Disability or DIC is required.**

You must still include other military and Veterans benefits, other than attendant-care and medical-aid payments. Combat Related Special Compensation (CRSC) & Concurrent Retirement and Disability Pay Benefits must be included as disposable income.

**2018 bank statements are Required in addition to other income documents.**

## Allowable Deductions

You may take deductions from your disposable income for the following expenses paid by you, your spouse, or domestic partner. **Provide documentation for all allowable out-of-pocket expenses that were not reimbursed by insurance or a government program:**

- Non-reimbursed amounts paid for prescription drugs.
- Medicare Part B, Part C/Medicare Advantage Plan, and Part D (Supplement insurance plans cannot be deducted)
- 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.

## The Effects of Death and/or Retirement

If your spouse/co-tenant/domestic partner was deceased or retired in 2018, your income amount may be computed differently. Please contact our office for assistance.

## Appeal Of Denial

If your exemption application is denied by the Assessor-Treasurer, you may appeal to the Pierce County Board of Equalization within 60 days of the mailing of the notice of denial.

## 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