

2020 STATUS CHANGE NOTICE FOR SENIOR OR DISABLED PERSON PROPERTY TAX EXEMPTION

Return by August 26, 2020 Only If Your Income Category/Eligibility Has Changed

I hereby make claim for reduction of property taxes, as provided in RCW 84.36.381-389, due and payable 2020. I do attest and affirm that:

- (1) Married Single/Never Married Widowed Divorced/Legally Separated (_____) Married-Living Separately
date
- (2) Name: _____ Date of Birth: ____ / ____ / ____
 Spouse/Co-tenant/Domestic Partner's Name: _____ Date of Birth: ____ / ____ / ____
- (3) This is, and has been my Principal Place of residence for more than 9 months in 2019 Yes No
- (4) I have sold properties in 2019: Yes No Address/Parcel: _____
If yes, please provide original purchase documents and current sale documents for properties you sold.
- (5) I own/co-own other properties: Yes No Address/Parcel: _____
- (6) I filed a 2019 Income Tax Return with the IRS : **(2020 INCOME DOCUMENTS/BANK STMTS WILL NOT BE ACCEPTED)**
 Yes, please include **one month 2019 Bank stmt (REQUIRED), 2019 Income tax filing with all pages, forms, schedules, and 1099's/W-2's**
 No, please provide a **one month 2019 (NOT CURRENT YEAR) bank stmt from all accounts. (REQUIRED) and all 1099's/W-2's**
- (7) I receive Veterans benefits. Yes No **If yes, please provide a Full one month 2019 bank statements from all accounts.**
- (8) Please list all other residents of home and their relationship to you: _____
 Please report combined taxable and non-taxable gross annual income for 2019, regardless of source. Do not include income for dependent children.

PROOF OF INCOME IS REQUIRED

2019 Annual Income Amount

OFFICE USE

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 (Include 1099's)	\$ _____	
5. Total Other Retirement, Pensions, Annuities and (Taxable) IRA's (Include 1099's)	\$ _____	
6. Total Unemployment L&I, Disability, Alimony, and Gambling and Foreign Income	\$ _____	
7. Total Veterans Benefits/Military Retirement or CRDP, CRSC, VEAP and DEA.....	\$ _____	
8. Total Social Security - Applicant (Include your 2019 SS 1099)	\$ _____	
9. Total Social Security - Spouse/Co-Tenant/Domestic partner (Include your 2019 SS 1099)	\$ _____	
10. Total Income from Any Other Source (Include Contributions From Other Household Members)	\$ _____	
Sub Total	\$ _____	
2019 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	\$ _____	
Total Combined Income of Applicant and Spouse/Co-Tenant/Domestic Partner	\$ _____	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.

OFFICIAL USE ONLY	FF _____ AC _____ B _____ ID _____ A/L _____ Z _____ YP _____ F/S _____	
	<table border="1"> <tr> <td> I certify that I have verified the foregoing income information: <input type="checkbox"/> IRS <input type="checkbox"/> SS 1099 <input type="checkbox"/> Bank Stmt <input type="checkbox"/> DD/DC <input type="checkbox"/> Other Dated this _____ day of _____ 20____ _____ Assessor-Treasurer Employee </td> <td> DOL _____ Signature of Claimant _____ Spouse/Co-tenant/Domestic Partner _____ Home/Cell Phone Number _____ Email _____ Address of property _____ </td> </tr> </table>	I certify that I have verified the foregoing income information: <input type="checkbox"/> IRS <input type="checkbox"/> SS 1099 <input type="checkbox"/> Bank Stmt <input type="checkbox"/> DD/DC <input type="checkbox"/> Other Dated this _____ day of _____ 20____ _____ Assessor-Treasurer Employee
I certify that I have verified the foregoing income information: <input type="checkbox"/> IRS <input type="checkbox"/> SS 1099 <input type="checkbox"/> Bank Stmt <input type="checkbox"/> DD/DC <input type="checkbox"/> Other Dated this _____ day of _____ 20____ _____ Assessor-Treasurer Employee	DOL _____ Signature of Claimant _____ Spouse/Co-tenant/Domestic Partner _____ Home/Cell Phone Number _____ Email _____ Address of property _____	
Parcel Number _____	Taxpayer Name _____	
Taxpayer Mailing Address _____		

SENIOR CITIZEN OR DISABLED PERSON STATUS CHANGE NOTICE

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.

If your Last Name Begins With A-K OR P-Z This Notice Is For You

You are **required** to review your income category and eligibility status on an annual basis.

RESPOND ONLY IF YOUR INCOME CATEGORY AND/OR ELIGIBILITY STATUS HAS CHANGED.

Notify Us of Changes

You must notify the Assessor's office if:

- Your 2019 income category has changed;
- You sold or purchased a home;
- You no longer live in your home; or, your spouse/ Co-Owner/ Partner passed or retired.
- You are no longer disabled or have entered into gainful employment
- Your marital status changed.
- You did not live in your home more than 9 months in 2019

Income Categories There are three income categories set by State Law:

- Category 1** \$31,644 or less
- Category 2** \$31,645—\$38,676
- Category 3** \$38,677—\$45,708

Income beyond this point may not qualify for a reduction.

All income of the applicant and spouse/co-tenant/domestic partner including contributions from other household members during 2019 must be disclosed.

Losses or depreciation cannot be used to offset other income.

Allowable Deductions

You may take deductions from your disposable income for the following expenses paid by you, your spouse, or domestic partner:

- Non-reimbursed amounts paid for prescription drugs.

- Medicare Part B, Medicare Part C/ Medicare Advantage, and Medicare Part D (supplement insurance plans are not be deductible)
- 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, lawn care, life alert, etc.

If you have a change in status, you must complete the application on the back with proof of income and return it to the Assessor's office by August 26 , 2020 at:

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

Questions?

Contact our Senior Citizen or Disabled Person Property Tax Exemption Department at **253-798-2169**

www.piercecountywa.org/atr



**Mike Lonergan
Assessor-Treasurer**

Renewal and Status Change Schedule

Last Name Beginning With	2020	2021	2022	2023	2024	2025
L-O	Renewal Notice	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice
P-S	Status Change Notice	Renewal Notice	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice
T-Z	Status Change Notice	Status Change Notice	Renewal Notice	Status Change Notice	Status Change Notice	Status Change Notice
A-C	Status Change Notice	Status Change Notice	Status Change Notice	Renewal Notice	Status Change Notice	Status Change Notice
D-G	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice	Renewal Notice	Status Change Notice
H-K	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice	Status Change Notice	Renewal Notice

This Application is subject to audit by the Washington State Department of Revenue.

See Reverse