



CLARK COUNTY WASHINGTON

ASSESSOR'S OFFICE  
Peter Van Nortwick, Assessor

# Senior Citizen/Disabled Person Exemption from Real Property Taxes

Chapter 84.36 RCW

**Income for Taxes**

**New      Renew      Change      Reinstate**

<p>1. <b>Applicant Name and Mailing Address:</b></p>	<p>2. <b>Physical Address:</b></p>   <p><b>Parcel or Account Number:</b></p>
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3. **I am:**    Single    Married    Widowed    Divorced/Legally Separated    Married Living Apart

My primary phone number is \_\_\_\_\_ My secondary phone number is \_\_\_\_\_

My email address is \_\_\_\_\_

**Note: If an email address is provided, all correspondence from our office will be sent electronically**

4.

My spouse/domestic partner or co-tenant's (co-owner who lives with me) name is birthdate is \_\_\_\_\_

A co-owner, whose name is \_\_\_\_\_ did not reside in the home in \_\_\_\_\_ and does not contribute to the household income.

A person who lives with me and contributes to the household income but does not have an ownership interest in my home \_\_\_\_\_

5.

I was 61 years of age or older by December 31, \_\_\_\_\_ My birthdate is: \_\_\_\_\_

I am not 61, but I have received a disability determination notice effective prior to December 31, \_\_\_\_\_ The effective date of my disability is \_\_\_\_\_

I am not 61, but I am a veteran with at least an 80% service-connected evaluation or compensated at a 100% rate due to my service-connected disability. The effective date of my disability is: \_\_\_\_\_

My spouse/domestic partner was receiving this exemption but has passed away and I was at least 57 years of age by December 31 in the year of his/her death. My birthdate is: \_\_\_\_\_

6.

I owned and occupied this home as my principal residence for a **minimum of six months** in \_\_\_\_\_

My property is in a trust (*please attach a Declaration of Trust*) \_\_\_\_\_

I owned more than one property in \_\_\_\_\_ It was a:   rental   unoccupied in sold   other: \_\_\_\_\_

Property address(es): \_\_\_\_\_

Income qualifications are as follows:	
If your total income is:	Then you will be exempt from taxes on:
\$42,603 - \$50,348	All excess levies
\$34,857 - \$42,602	35% of assessed value, but not less than \$50,000 and not more than \$70,000, and all excess levies
\$34,856 or less	The greater of 60% or \$60,000 of assessed value, and all excess levies

## Income for Taxes

**Your application will not be processed without this documentation. All income must be disclosed per RCW 84.36.383(4)(5), including income not taxed by the IRS, income from your spouse or domestic partner and all resident co-owners, and income contributed from outside sources or from others living in your home. Losses and depreciation cannot be deducted to reduce your income. Also provide documentation of any qualifying deductions, as listed below:**

7. Use the worksheet below to help calculate your TOTAL household income; both taxable and non-taxable.

Income		Deductions	
<b>A</b>	Total Earned Wages, Salaries and Tips	<b>L</b>	In-home Care Expenses
<b>B</b>	Total taxable and non-taxable Interest and Dividends	<b>M</b>	Miscellaneous Adjustments from 1040
<b>C</b>	Alimony	<b>N</b>	Nursing, Boarding, or Adult-Family Home Expenses
<b>D</b>	Total Income from Capital Gains ( <i>do not subtract any losses you may have</i> )	<b>O</b>	Medicare Premiums (part A, B, C D) Expenses
<b>E</b>	Business, Rental, and Farm income before depreciation	<b>P</b>	Out-of-Pocket Prescription Drug Expenses ( <b>check one</b> ) <i>I had less than \$500    I had more than \$501</i>
<b>F</b>	Taxable IRA Distributions	Did you file a federal income tax return? Yes                      No	
<b>G</b>	Total Pensions and Annuities		
<b>H</b>	Unemployment Income or Disability Income ( <i>not VA disability or DIC</i> )		
<b>I</b>	Total Social Security or Railroad Retirement Income ( <i>from box 5 of SSA-1099 or box 5 of RRB-1099</i> )		
<b>J</b>	Veteran or Military Income ( <i>not VA disability or DIC</i> )		
<b>K</b>	All other income contributed to household		

8. **By signing this form I confirm that I:**

*Have completed the above income worksheet and all required documentation is included.*

- *Understand it is my responsibility to notify you 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 5 years, plus 100% penalty.*
- *Declare under penalty and perjury that the information in this application packet is true and correct.*
- *Request a refund under the provision 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*

\_\_\_\_\_
**Date**

**Signature of Applicant/POA for Applicant**

**Did you remember to include copies of:**

- ❖ A driver's license or other approved documentation showing residency and birthdate
- ❖ A disability or VA award notice showing date of determination (*if applicable*)
- ❖ A death certificate, if an owner is deceased, or if applying as qualified widow/owner.
- ❖ Trust agreement and Declaration of Trust (*if applicable*)
- ❖ Complete IRS tax return (*if filed*), W-2s, 1099s and all other proof of income to household.
- ❖ Purchase and sale documents of any properties bought/sold in application year
- ❖ Receipts or pharmacy printout of all out-of-pocket prescription drug expenses over \$501

**Return completed form to:**

**Clark County Assessor's Office  
1300 Franklin Street  
PO Box 5000  
Vancouver, WA 98666-5000**