

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, including Pension, Annuity and SSA 1099s (if filed) or all income documents if no tax return
- ❖ Purchase and sale documents of any properties bought/sold in Income year applying
- ❖ Receipts or pharmacy printout of all out-of-pocket prescription expenses over \$500
- ❖ Any and all documentation required for additional deductions

**Step by Step Instructions
Senior Citizen/Disabled Person Exemption Application**

Section 1: Applicant must be the legal owner of property. This includes purchasers, contract buyers, and persons with life estate or lease for life. **Confirm the mailing address is accurate to avoid delays in processing.*

Section 2: The physical address is the street address assigned to the property. This must be your primary residence.

Section 3: Indicate your marital status, phone numbers, and email address, to facilitate our communication with you.

Section 4: To process your application, we need to know who lives in the home. Provide the names of any spouse, domestic partner, or co-tenants. A co-tenant is a co-owner who resides in the home. Also identify any co-owners who do not reside in the home, and any other occupants in the home who contribute to the household income. **Provide documentation supporting the absence of any co-owner, spouse, or domestic partner who is not in the residence.*

Section 5 & 6: To qualify for exemption, you must own and occupy the home as your principal residence and meet age or disability requirements. Mark the appropriate box in *section 5* and provide information to all questions in *section 6*.

***If your property is recorded in a trust, our **Declaration of Trust** form must be signed and completed by the applicant **or** their attorney.*

Section 7: Household income must not exceed \$50,348 to qualify for exemption. (If applying prior to 2020 taxes the income maximum is \$40,000) All income from a spouse, a domestic partner, and any co-tenants, and any contributions from other occupants, must be included. A co-tenant is a co-owner who lives in the home, as identified in *section 4* above.

***If your reported income is less than \$12,000, attach documentation showing how you meet your daily living expenses. Minimum income letter can be obtained on our website at <https://clark.wa.gov/assessor> under quick links or by contacting our office.*

Section 7: Lines A-J: If you filed a tax return, enter the amounts from the return on the associated lines. If you did not file a tax return, enter the amounts from your W-2s and 1099s. ***Attach a copy of your tax return, all schedules, and all 1099 documentation for pensions, annuities and social security.**

Section 7; Line K: Report all income not already included on lines **A through J**.

Section 7: Lines L-P: (RCW 84.36.383(4)) allows for the deduction of amounts paid by you, your spouse, or your domestic partner for:

- l) **Cost for care or treatment received in the home.** These costs are for care or treatment a person receives in the home that is similar to nursing home care. For example, therapy or nursing care received in the home, meals on wheels, attendant care, in-home hospice care, etc. Special needs equipment and/or furniture is also included. See WAC 458-16A100(19) for more details.
- m) **Miscellaneous adjustment** on tax return schedule "1" (do not include Penalty for early withdrawal of savings)
- n) **Nursing home, assisted living facility** (boarding home), or adult family home costs. This deduction is for the actual non-reimbursed costs of care and these costs may be deducted from income in the year the costs are incurred.
- o) **Health insurance premiums for Medicare**, parts A, B, C, D
- p) **Prescription out-of-pocket expenses** above \$500, please provide proof. If less than \$500 no proof required.

Section 8: Make sure you sign and date your application.

Attach all required documentation as identified on the application.

For additional information, please contact our office:
564-397-2391, option 3, or email taxreduction@clark.wa.gov

Return completed application and documentation to:

Mailing Address:

Clark County Assessor's Office
P O Box 5000
Vancouver, WA 98666-5000

Physical Address:

Public Service Center, 2nd Floor
1300 Franklin Street
Vancouver, WA 98660

Walk in submittals are available Monday through Thursday 9am-4pm and select appointments are offered on Monday and Wednesday. Appointments can be scheduled online at <https://clark.wa.gov/assessor> or by contacting our office at 564-397-2391. Applications can also be submitted online at <https://clark.wa.gov/assessor>. Application and supporting documents can be dropped off in the secure drop box located in the main lobby of the Public Service Center building at the address listed above.

