



proud past, promising future

CLARK COUNTY
WASHINGTON

DEPARTMENT OF ASSESSMENT AND GIS

Linda Franklin, Assessor

Account #: _____

Senior Citizen and Disabled Persons Property Tax Exemption Application

Assessment for

Taxes

New Reinstated Update

You are applying for property tax assistance in _____ and so must report your _____ income. You must also meet all qualifying criteria on or before December 31, ____.

1. Applicant's Name and Address:

#BWNPJTL

Area Code/Phone: _____

Please use comment section 7 below to write in site address if different than mailing address.

2. Type of Ownership:

I am the owner/occupant,
OR
 Other (i.e. Trust, Life Estate, etc.) - Attach Document

3. Applicant Birth Date: _____

Co-Applicant Birth Date: _____

Date Property Purchased: _____

Date Property Occupied: _____

4. I am/We are(if joint owners are filing) applying for a property tax exemption on the above mentioned property and certify the following: (Mark all appropriate boxes)

I currently own and occupy this property as my principal residence.

I was 61 years of age or older on or before December 31 of the qualifying year.

I am the surviving spouse of a person who was previously approved for this exemption and I am at least 57 years old.

I am disabled AND retired from regular, gainful employment by reason of disability.

I am a veteran with a 100% service connected disability.

5. Any exemption granted through willfully providing erroneous information shall be subject to the correct tax being assessed for the last three years, plus a 100% penalty (RCW 84.40.130). I declare under the penalties of perjury that all of the foregoing statements are true. This claim is subject to audit by the Department of Revenue.

| | | | |
|---------------------------|-------------|-------------------|-------------|
| _____ | _____ | _____ | _____ |
| Applicant Signature | Date Signed | Witness Signature | Date Signed |
| _____ | _____ | _____ | _____ |
| Deputy Assessor Signature | Date Signed | Witness Signature | Date Signed |

6. PLEASE PLACE A CHECK IN ALL OF THE BOXES FOR THE DOCUMENTS YOU ARE SUBMITTING.

The following documents are required to process the exemption application.

Copy of Photo Identification for qualifying applicants (i.e. photocopy of driver's license).

Completed and signed Senior Exemption and Disabled Persons Property Tax Exemption Application.

Signed and dated Petition for Property Tax Refund form.

Report all gross income by providing copies of the following documents, as applicable.

| | |
|---|--|
| <input type="checkbox"/> Federal Tax Return | <input type="checkbox"/> Income earned by a Co-Tenant |
| <input type="checkbox"/> All 1099's (i.e Social Security, Pension/Annuity, IRA) | <input type="checkbox"/> Public Assistance Income |
| <input type="checkbox"/> W2's | <input type="checkbox"/> Labor and Industries Benefits |
| <input type="checkbox"/> Business Income | <input type="checkbox"/> Railroad Retirement Income |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Veterans and/or Disability Income |
| <input type="checkbox"/> Foreign Country Income | <input type="checkbox"/> Other Income |
| <input type="checkbox"/> Proof of Disability (i.e. Award letter from Social Security stating the date you were deemed disabled) | |
| <input type="checkbox"/> Trust document (A copy of the entire trust is required) | |
| <input type="checkbox"/> Prescription Drug expenses - Non-Reimbursed (your pharmacy's year-end statement) | |
| <input type="checkbox"/> Nursing Home, In-home Care, Boarding Home/Adult Family Home expenses | |

7. COMMENTS: