



Assessor's Office

Senior Citizen/Disabled Person Exemption from Real Property Taxes

Chapter 84.36 RCW

proud past, promising future

Income for _____ Taxes (Income Year + 1)
(year) (year)

Please check one: New Application Renew Change in Status

Please complete both pages of this application.

1. Applicant Name and Mailing Address:

2. Physical Address:

Parcel or Account Number: _____

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: _____

4. My spouse/domestic partner or co-tenant's (co-owner who lives with me) name is: _____, and birthdate is: _____.
 A co-owner, whose name is: _____, did not reside in the home in: _____ (income year), 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, is: _____ (enter name)

5. I have/had an exemption at another residence in Washington or in another state.
When: _____ (What Year) Where: _____ (Address, including county)

To qualify for the Senior Citizen/Disabled Person Exemption, an applicant must meet the following criteria:

- Own and occupy the home as the principal residence.
- Have a total combined disposable income of not more than \$35,000 (complete the worksheet on Page 2).
- Meet one of the age or disability requirements in Section 6 below.

6. I was 61 years of age or over by December 31, _____ (income year). My birthdate is: _____.
(Provide a copy of your Washington driver's license, state ID card, or documentation showing date of birth.)
 I am not 61, but I have received a disability determination notice effective prior to December 31, _____ (income year).
The effective date of my disability is: _____.
(Provide a copy of your SSA award notice or contact us for alternative qualifications.)
 I am not 61, but I am a veteran entitled to and receiving VA disability at a total disability rating for a service-connected disability. The effective date of my disability is: _____.
(Provide a copy of your VA award notice.)
 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: _____.
(Provide a copy of your Washington driver's license and spouse's death certificate.)

7. I owned and occupied this home as my principal residence by December 31, _____ (income year).
(Provide proof of residency: a copy of your Washington driver's license, state ID card, or voter's registration card.)
 My property is in a trust. (If selected, please complete the Declaration of Trust from our Web page: https://www.clark.wa.gov/sites/all/files/assessor/documents/Declaration_of_Trust.pdf)
 I owned more than one property in _____ (income year). It is/was:
 A rental Unoccupied Sold in _____ (income year) Other: _____
Other property address(es): _____

Step by Step Instructions: [https://www.clark.wa.gov/sites/all/files/assessor/documents/Step by Step Instructions_SnrDsblApp.pdf](https://www.clark.wa.gov/sites/all/files/assessor/documents/Step_by_Step_Instructions_SnrDsblApp.pdf) Cont. on Page 2

Income for _____ Taxes

You must provide copies of ALL _____ (income year) income information.

If you file an IRS tax return, provide a complete copy of your tax return, including all schedules.

If you do not file an IRS tax return, please provide a copy of all year-end statements (1099s and W-2s).

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.

| Qualification | |
|--------------------------|---|
| If your total income is: | Then you will be exempt from taxes on: |
| \$30,001-\$35,000 | All excess levies |
| \$25,001-\$30,000 | 35% of assessed value, but not less than \$50,000 and not more than \$70,000, and all excess levies |
| \$25,000 or less | The greater of 60% or \$60,000 of assessed value, and all excess levies |

8. Use the worksheet below to help calculate your TOTAL household income (both taxable and non-taxable income):

| Income | | Deductions | |
|--------|---|------------|--|
| A. | Total Earned Wages, Salaries, and Tips | \$ | |
| B. | Total taxable and non-taxable Interest and Dividends | \$ | |
| C. | Alimony or Public Assistance received | \$ | |
| D. | Total income from Capital Gains (do not subtract any losses you may have) | \$ | |
| E. | Business, Rental, and Farm Income before depreciation | \$ | |
| F. | Taxable IRA distributions | \$ | |
| G. | Total Pensions and Annuities | \$ | |
| H. | Unemployment income or disability Income (not VA disability or DIC) | \$ | |
| I. | Total Social Security or Railroad Retirement Income (from box 5 of SSA-1099 or box 5 of RRB-1099) | \$ | |
| J. | Veteran or Military Income (not VA disability or DIC) | \$ | |
| K. | All other income contributed to household | \$ | |
| L. | Out-of-pocket prescription drug expenses | \$ | |
| M. | Medicare premiums (parts A, B, C, D) | \$ | |
| N. | In-home care expenses | \$ | |
| O. | Nursing, Boarding, or Adult Family Home expenses | \$ | |
| P. | Miscellaneous adjustments, as listed on page 1 of IRS Form 1040 (except Penalty on early withdrawal of savings) | \$ | |

9. I swear under the penalty of perjury that all statements are true and that the income I provided is my entire income. I understand reductions based on erroneous information are subject to the collection of true taxes plus 100% penalty for up to five years, as provided in RCW 84.40.130.

I request a refund under the provisions 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 84.36.381-389.

**Two individuals or a Deputy Assessor must witness your signature.*

Date: _____

Signature of Applicant/Guardian or POA for Applicant if applicable

1st Witness Signature or Deputy Assessor

Signature of Co-Applicant

2nd Witness Signature (if not signed by Deputy Assessor)

Did you remember to include copies of:

- A driver's license or other approved documentation showing residency and birthdate.
- A disability award notice showing date of determination, if applicable.
- A death certificate, if an owner is deceased or if applying as qualified widow/widower.
- The Trust agreement and the completed Declaration of Trust, if applicable:
https://www.clark.wa.gov/sites/all/files/assessor/documents/Declaration_of_Trust.pdf
- Complete IRS tax return, if filed, or all W-2s and 1099s, proof of income to household.
- Purchase and sale documents of any properties bought or sold in _____ (income year).
- Receipts or pharmacy printout of allowable deductions.

Return completed form to:

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

Step by Step Instructions: https://www.clark.wa.gov/sites/all/files/assessor/documents/Step_by_Step_Instructions_SnrDsblApp.pdf