



I sold my former residence.                      Yes                      No

If yes, when:                      where:

## 4 Property description

Type of residence:

- |   |  |               |
|---|--|---------------|
| Single-family home  | Single unit of a multi-unit dwelling duplex/condo            | Housing co-op |
| Mobile home   | Year:                      Make:                      Model: |               |
| • If mobile home, has the certificate of title been eliminated?         | Yes                      No                                  |               |
| • If mobile home, do you own the land where the mobile home is located? | Yes                      No                                  |               |

This property includes:

My principal residence and less than or equal to one acre of land.

My principal residence and more than one acre of land.

## 5 Combined disposable income

Year:

Total combined disposable income from the [Combined Disposable Income Worksheet](#): \$  
(See instructions. Submit your completed worksheet with this application.)

## 6 Certification

By signing this form, I confirm that I:

- Have completed the income section of this form and all proof of income is included.
- Understand it is my responsibility to notify the county assessor 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 five years, plus a 100 percent penalty.
- Declare under penalty of perjury that the information in this application packet is true and complete.
- 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 through 389.

Signature of applicant:

Date:

### What to do next:

Send this form to your local county assessor.

Find your county assessors office here: [dor.wa.gov/countycontacts](http://dor.wa.gov/countycontacts)

<b>Combined Disposable Income Worksheet</b> As defined in RCW 84.36.383 and WAC 458-16A-100 <b>IMPORTANT: PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.</b>	<b>20</b> <b>Income Year</b>	<b>County Use</b> <b>Checklist</b>
<b>Income:</b>	<b>\$\$ Amount</b>	<input type="checkbox"/> IRS Tax Return <input type="checkbox"/> 1040 <input type="checkbox"/> 1040-A or EZ
A. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you file a federal tax return?</b> If yes, enter your <u>Adjusted Gross Income (AGI)</u> from your federal tax return and attach a complete copy of your return. If no, enter 0.		<input type="checkbox"/> Sch D <input type="checkbox"/> Form 4797 or 6252 <input type="checkbox"/> Other _____
B. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you have capital gains that were not reported on your tax return?</b> Do not add the gain from the sale of a primary residence if you used the entire gain to purchase a replacement residence within the same year. <b>Do not use losses to offset gains.</b>		<input type="checkbox"/> Sch C <input type="checkbox"/> Sch D <input type="checkbox"/> Sch E <input type="checkbox"/> Sch F <input type="checkbox"/> Other _____
C. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you have deductions for losses included in your tax return?</b> If yes, the losses must be added back to the extent they were used to offset/reduce income. (Ex: On Schedule D, you reported a (\$10,000) loss but the loss was limited to (\$3,000), shown on Sch 1, Line 13 of your 1040. Add the (\$3,000) loss used to offset/reduce your income.) (Ex: You filed two Sch C's – one with a (\$10,000) loss and one with a \$5,000 net income. A net loss of (\$5,000) was reported on your 1040, Sch 1, Line 12. Add back the (\$10,000) loss.)		<input type="checkbox"/> Sch C <input type="checkbox"/> Sch E <input type="checkbox"/> Sch F <input type="checkbox"/> Sch K-1 <input type="checkbox"/> Other _____
D. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you deduct depreciation expense in your tax return?</b> If yes, that expense must be added back to the extent the expense was used to reduce your income. (Ex: <u>Net loss reported</u> : If you deducted depreciation as a business and/or rental expense that resulted in a loss, recalculate the net income/loss without the depreciation expense. If there is still a net loss enter -0- here, if there is net income enter the net income here.)		<input type="checkbox"/> Bank Statements <input type="checkbox"/> 1099's <input type="checkbox"/> Other _____
E. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you have nontaxable dividend or interest income, OR, income from these sources that was not reported on your tax return?</b> If yes, add that income here. Include non-taxable interest on state and municipal bonds.		<input type="checkbox"/> 1099's <input type="checkbox"/> Other _____
F. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you have nontaxable pension and annuity income, OR, income from these sources that was not reported on your tax return?</b> If yes, report the amounts here. (Ex: You received \$10,000 in pensions and annuities. The taxable amount was \$6,000. Report the nontaxable \$4,000 here.) Do not include non-taxable IRA distributions.		<input type="checkbox"/> DFAS Statement <input type="checkbox"/> 1099's <input type="checkbox"/> Other _____
G. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you receive military pay and benefits that were nontaxable, OR, income from these sources that was not reported on your tax return?</b> If yes, report that income here, including CRSC. Do not include attendant-care and medical-aid payments.		<input type="checkbox"/> VA Statement <input type="checkbox"/> 1099's <input type="checkbox"/> Other _____
H. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you receive veterans pay and benefits from the Department of Veterans Affairs that was nontaxable, OR, that was not reported on your tax return?</b> If yes, report that income here. Do not include attendant-care and medical-aid payments, disability compensation, or dependency and indemnity compensation paid by DVA.		<input type="checkbox"/> SS Statement <input type="checkbox"/> RRB Statement
I. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you receive nontaxable Social Security or Railroad Retirement Benefits?</b> If yes, report that income here. (Ex: Your gross Social Security benefit was \$10,000 and \$4,000 was included in AGI as the taxable amount, report the non-taxable \$6,000 here.)		<input type="checkbox"/> Sch C <input type="checkbox"/> Sch E <input type="checkbox"/> Sch F <input type="checkbox"/> Other _____
J. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you receive income from business, rental, or farming activities (IRS Schedules C, E, or F) that was not reported on your tax return?</b> Report that income here. You can deduct normal expenses, except depreciation expense, but <b>do not use losses to offset income.</b>		<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
K. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Did you receive Other Income that is not included in the amounts on Lines A - J?</b> Give source, type, and amount. _____		
<b>Subtotal Income:</b>	<b>\$</b>	
<b>Did you have any of the following Allowable Deductions?</b>		<input type="checkbox"/> Other _____
L. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Nursing Home, Boarding Home, or Adult Family Home costs.</b>		<input type="checkbox"/> Other _____
M. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>In-Home Care expenses.</b> See instructions for qualifying expenses.		<input type="checkbox"/> Printout/Receipt
N. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Prescription Drug costs.</b>		<input type="checkbox"/> SS Statement <input type="checkbox"/> Other _____
O. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Medicare Insurance Premiums under Title XVIII of the Social Security Act (Parts B, C, and D).</b> Currently, there is no allowable deduction for supplemental, long-term care, or other types of insurance premiums.		<input type="checkbox"/> _____ <input type="checkbox"/> _____
P. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Enter -0- here if you filed a return with IRS and entered an amount on Line A.</b> If you did not file a return with IRS and you had expenses normally allowed by IRS as adjustments to gross income, enter those deductions here. Allowable adjustments include alimony you paid, tuition, moving expenses, and others. See the instructions.		
<b>Subtotal Allowable Deductions:</b>	<b>\$</b>	
<b>Total Combined Disposable Income:</b>	<b>\$</b>	
<b>County Use Only:</b> _____		

## Instructions for completing the application

Complete Parts 1 through 6 in their entirety and include supporting documents to avoid delays in application processing. If you have questions, contact your county assessor's office.

### Part 1

A co-tenant is someone who lives with you and has an ownership interest in your home.

### Part 2

Check the appropriate box. See the *Documents to Include* section in these instructions to determine what to send for proof of age or disability.

### Part 3

Enter the date you purchased the residence and the date you began occupying the residence even if the dates are the same. If you have qualified and received an exemption on a Washington residence previously, indicate when and the address and county where the previous exemption was granted.

### Part 4

Details regarding your specific residence and parcel can be obtained from your county assessor's office.

### Part 5

Complete and attach the [Combined Disposable Income Worksheet](#) and enter the total here.

#### How combined disposable income is calculated

Per RCW 84.36.383(1) "combined disposable income" is your disposable income plus the disposable income of your spouse/domestic partner and any co-tenants, minus expenses for you or your spouse/domestic partner for:

#### How disposable income is calculated

"Disposable income" has a specific definition for the purpose of this program. Per RCW 84.36.383(6), "disposable income" is adjusted gross income, as defined in the federal internal revenue code, plus all of the following that were not included in, or were deducted from, adjusted gross income:

- Capital gains, other than a gain on the sale of a principal residence that is reinvested in a new

principal residence.

- Amounts deducted for losses or depreciation.
- Pensions and annuities.
- Social security act and railroad retirement benefit.
- Military pay and benefits other than attendant-care and medical-aid payments.
- Veterans pay and benefits other than attendant-care, medical-aid payments, VA disability benefits, and DIC.
- Dividend receipts.
- Interest received on state and municipal bonds.

These incomes are included in "disposable income" even when it is not taxable for IRS purposes.

#### What are deductible expenses

Expenses paid by you or your spouse/domestic partner (not reimbursed or covered by insurance) for:

- Prescription drugs.
- Treatment or care of either person in the home or in a nursing home, boarding home, or adult family home.
- Health care insurance premiums for Medicare Parts A, B, C, and D and Medicare supplemental (Medigap) policies.
- Durable medical and mobility enhancing equipment and prosthetic devices.
- Medically prescribed oxygen.
- Long-term care insurance.
- Cost-sharing amounts (amounts applied toward your health plan's out of pocket maximum).
- Nebulizers.
- Medicines of mineral, animal, and botanical origin prescribed, administered, dispensed, or used in the treatment of an individual by a Washington licensed naturopath.
- Ostomic items.
- Insulin for human use.
- Kidney dialysis devices.
- Disposable devices used to deliver drugs for human use.

For additional information, review the instructions for the [Combined Disposable Income Worksheet](#).

## Income thresholds

The income threshold to qualify for this exemption is the greater of \$40,000 or 65% of the county median household income. County specific thresholds can be found at [dor.wa.gov/incomethresholds](https://dor.wa.gov/incomethresholds).

## Part 6

Sign and date the application. You are signing under oath acknowledging all information is true and accurate. You understand it is your responsibility to notify the county assessor if you have a change in circumstances.

## Documents to include

You must provide documentation to your county assessor's office to support the information reported on the application.

## Proof of age or disability, ownership, and occupancy

Include copies of documentation showing you meet the age or disability, ownership, and occupancy requirements such as:

- A copy of your driver's license or state issued photo id.
- A copy of your voter registration.
- A copy of your birth certificate.
- If your eligibility is based on a disability: a copy of your disability award letter from SSA or VA, or a Proof of Disability statement completed and submitted by your physician.
- A complete copy of the trust documents, if applicable.
- A copy of your deed.
- Any other documents your county assessor requests.

## Proof of income

Attach a completed [Combined Disposable Income Worksheet](#) and supporting documents. For additional detail on what to include, see the instructions for the Combined Disposable Income Worksheet.