

Change in Status for Senior Citizens and People with Disabilities Exemption from Real Property Taxes

RCW 84.36.385

Complete this form in its entirety and file along with all supporting documents with your county assessor within 30 days of your change in status. For assistance, contact your county assessor at dor.wa.gov/countycontacts.



Office use only

Assesment year:

Tax year:

Tax code area:

Approve/deny date:

Deny reason:

Parcel or account number:

1 Program participant information

Program participant name:

Spouse/domestic partner or co-tenant name(s):

Other occupants:

Residence address:

City:

State:

Zip:

Mailing address (if different than residence address):

City:

State:

Zip:

Home phone:

Cell phone:

Email:

2 My status has changed because:

The person receiving the exemption passed away.

Date of death:

My income has changed. Complete and attach the [Combined Disposable Income Worksheet](#).

Date income changed:

My marital or domestic partnership status has changed.

Married

Divorced

Legally separated

Entered or terminated registered domestic partnership

I sold my residence.

Date of sale:

I moved to a different principal place of residence.

Date of move:

I am no longer disabled or have entered into gainful employment.

Date:

Other (specify):

Date:

(Include any changes that affect the property such as: new construction, boundary line changes, rentals, ownership changes, zoning and land use changes, etc.)

3 Certification

By signing this form, I confirm that I:

- Have attached a completed [Combined Disposable Income Worksheet](#) and supporting documents if my income has changed.
- Understand 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 form 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.

Applicant signature:

Date:

Percent ownership:

Other owner signature:

Date:

Percent ownership:

Combined Disposable Income Worksheet

Income year:	
Are you required to file a federal income tax return?	Yes No
<u>Disposable income</u>	<u>Amount</u>
1. Federal adjusted gross income from Federal Form 1040	
2. Capital gains not reported on your federal income tax return	
3. Losses reported on your federal income tax return	
4. Depreciation reported on your federal income tax return	
5. Wage income: nontaxable and/or not reported on your federal income tax return	
6. Dividend or interest income: nontaxable and/or not reported on your federal income tax return	
7. Pension and annuity income: nontaxable and/or not reported on your federal income tax return	
8. Military pay and benefits: nontaxable and/or not reported on your federal income tax return	
9. Veterans pay and benefits: nontaxable and/or not reported on your federal income tax return	
10. Social security or railroad retirement benefits: nontaxable and/or not reported on your federal income tax return	
11. Business, rental, or farming income not reported on your federal income tax return	
12. Other income not included in amounts on Lines 1-11, provide the source, type and amount	
13. Add lines 1-12 This is your total disposable income:	
<u>Deductions</u>	
14. Nursing home, assisted living or adult family home	
15. Home health care	
16. Prescription drugs	
17. Medicare parts A,B,C, D insurance premiums	
18. Medicare supplemental/Medigap insurance premiums	
19. Durable medical and mobility enhancing equipment and prosthetic devices	
20. Medically prescribed oxygen	
21. Long-term care insurance	
22. Cost-sharing amounts	
23. Nebulizers	
24. Medicines of mineral, animal and botanical origin prescribed, administered, dispensed, by a naturopath licensed under Washington law	
25. Ostomic items	
26. Insulin for human use	
27. Kidney dialysis devices	
28. Disposable devices used to deliver drugs for human use	
29. Adjustments to income	
30. Add lines 14-29 This is your total deductions:	
31. Subtract line 30 from line 13 This is your total combined disposable income:	

Instructions for completing the application

Complete Parts 1 through 3 in their entirety and include supporting documents to avoid delays in form 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. Other occupants are people who live with you who don't have ownership interest in your home.

Part 2

Check all that apply and include the applicable dates.

If you are reporting the death of a program participant, provide a copy of their death certificate. If you are a surviving spouse/domestic partner who wants to continue the exemption, you must file an exemption application with the county assessor within 90 days of the death.

If you are reporting a change in income, you must attach a completed [Combined Disposable Income Worksheet](#) and provide all supporting documents.

If you are reporting a change in marital or domestic partnership status, provide copies of legal documents to support the change.

If you are reporting any other change, provide documents to support the type of change and the date it occurred.

Part 3

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