

**Pend Oreille County Assessor**

PO Box 5010, 625 W 4th St
Newport, WA 99156-5010 509-447-4312

Application**Senior Citizen and People with Disabilities
Exemption from Real Property Taxes** (RCW 84.36)**County use only**

Assessment year: _____ Tax year: _____ Tax code area: _____ Exemption level: _____ PID# _____

☐ Approved (date): _____ ☐ Denied (date/reason): _____

Applicant Information

Applicant name: _____ Date of birth: _____

Spouse/domestic partner or co-tenant name: _____ Date of birth: _____

Residence address: _____

City: _____ State: _____ Zip: _____

Mailing address (if different than residence address) _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Age/Disability (proof of disability is required)

- ☐ I am or will be 61 years of age or older by December 31 of the assessment year on which this exemption is based.
- ☐ I am under 61 years of age, and I am retired from regular gainful employment due to a disability.
- ☐ I am a veteran with an 80% service-connected evaluation or compensated at 100% rate due to service-connected disability.
- ☐ I am the surviving spouse/domestic partner of a person who was previously receiving this exemption and I was at least 57 years of age in the year my spouse/domestic partner passed away.

Ownership and occupancy

Date property purchased: _____ Date property initially occupied: _____

I occupy the residence (check one): ☐ More than 6 months in a calendar year ☐ Less than 6 months in a calendar year.

I have received an exemption before: ☐ Yes ☐ No

If yes, when: _____ Address & county: _____

I sold my former residence: ☐ Yes ☐ No If yes, when: _____ Where: _____

Are there other persons living in the home who contribute to household expenses? ☐ Yes ☐ No If yes, enter the contributed amount in the Other Income (#12) area on the Combined Disposable Income Worksheet (other side).

Property description

☐ Single-family home ☐ Single unit of a multi-dwelling duplex/condo ☐ Housing co-op ☐ Mobile home

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: _____

Combined Disposable Income Worksheet

Income Year: _____

Are you required to file a federal income tax return?

☐ Yes ☐ No

Disposable income

Amount

1. Federal adjusted gross income from Federal Form 1040

2. Capital gains not reported on your federal income tax return

3. Losses report 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, annuity and IRA 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:

Deductions

14. Nursing home, assisted living or adult family home

15. Home health care

16. Prescription drugs

17. Medicare insurance premium (Parts B, C, & D)

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:

YOU MUST PROVIDE COPIES OF ALL INCOME AND DEDUCTION INFORMATION

- If you file an IRS tax return, please 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 (1099's & W-2's).
- Also provide documentation of all qualifying deductions/expenses.