

2021 RENEWAL APPLICATION FOR SENIOR CITIZENS OR PEOPLE WITH DISABILITIES

Must Be Returned by May 12, 2021 Or Your Exemption May Be Canceled

I hereby make claim for reduction of property taxes, as provided in RCW 84.36.381-389, due and payable 2021. I do attest and affirm that

- (1) Married Single & Never Married Widowed Divorced/Legally Separated (_____ date) Married-Living Separately
- (2) Name: _____ Date of Birth: ____ / ____ / ____
 Spouse/Co-tenant/Domestic Partner's Name: _____ Date of Birth: ____ / ____ / ____
- (3) This is, and has been my Principal Place of residence for more than 6 months in 2020 Yes No
- (4) I have sold properties in 2020: Yes No Address/Parcel: _____
If yes, please provide original purchase documents and current sale documents for properties you sold.
- (5) I own/co-own other properties: Yes No Address/Parcel: _____
- (6) I filed a 2020 Income Tax Return with the IRS : (please wait until you file your 2020 income tax, before submitting your application)
 Yes, please include your 2020 income tax filing with all pages, forms, schedules, 1099's/W-2's and one month 2020 Bank statement.
 No, please provide a one month 2020 (NOT CURRENT YEAR) bank statement from all accounts. (REQUIRED) and all 1099's/W-2's
- (7) I receive Veterans/DIC benefits. Yes No If yes, please provide a Full one month 2020 bank statements from all accounts.
- (8) Please list all other residents of home and their relationship to you: _____
 Please report combined taxable and non-taxable gross annual income for 2020, regardless of source. Do not include income for dependent children.

PROOF OF INCOME IS REQUIRED

2020 Annual Income Amount

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| 1. Total Wages (W-2) | \$ _____ | |
| 2. Total Interest Income and Dividends (No Exclusions) | \$ _____ | |
| 3. Total Income from Rentals, Capital Gains, Partnerships, Trusts, Royalties, Estates, Farms, Businesses | \$ _____ | |
| 4. Total Federal Civil Service and Railroad Retirement (Include 1099's) | \$ _____ | |
| 5. Total Other Retirement, Pensions, Annuities and (Taxable) IRA's (Include 1099's) | \$ _____ | |
| 6. Total Unemployment L&I, Disability, Alimony, and Gambling and Foreign Income | \$ _____ | |
| 7. Total Veterans/DIC Benefits/Military Retirement or CRDP, CRSC, VEAP and DEA | \$ _____ | |
| 8. Total Social Security - Applicant (Include your 2020 SS 1099) | \$ _____ | |
| 9. Total Social Security - Spouse/Co-Tenant/Domestic partner (Include your 2020 SS 1099) | \$ _____ | |
| 10. Total Income from Any Other Source (Include Contributions From Other Household Members) | \$ _____ | |
| Sub Total | \$ _____ | |

2020 Deductible Expenditures (Proof required)

| | | |
|--|----------|-----------|
| 11. Less: Non-reimbursed prescription drugs + Medicare Part B, C & D if not excluded above | \$ _____ | |
| 12. Less: Non-reimbursed amount paid directly to nursing home, adult care facility or assisted living (or in-home care of either applicant/spouse/domestic partner) | \$ _____ | |
| 13. Less: VA Service-Connected disability, DIC benefits, and L&I Time-loss | \$ _____ | |
| Total Combined Income of Applicant and Spouse/Co-Tenant/Domestic Partner | \$ _____ | CAT _____ |

AFFIDAVIT: I swear under the penalties of either civil or criminal perjury that the income I have provided is my entire income and all the statements, as marked, are the truth.
 REDUCTIONS RECEIVED ON BASIS OF ERRONEOUS INFORMATION SHALL BE SUBJECT TO THE COLLECTION OF TRUE TAXES PLUS 100% PENALTY FOR UP TO FIVE YEARS AS PROVIDED FOR IN RCW 84.40.130.

| | | |
|--------------------------|---|---|
| OFFICIAL USE ONLY | FF _____ AC _____ B _____ ID _____ A/L _____ Z _____ YP _____ F/S _____ I certify that I have verified the foregoing income information: <input type="checkbox"/> IRS <input type="checkbox"/> SS 1099 <input type="checkbox"/> Bank Stmt <input type="checkbox"/> DD/DC <input type="checkbox"/> Other Dated this _____ day of _____ 20____ _____ Assessor-Treasurer Employee | DOL _____ Signature of Claimant _____ Spouse/Co-tenant/Domestic Partner _____ Home/Cell Phone Number _____ Email _____ Address of property _____ _____ Please provide your WA State Driver's License or your WA State ID |
| Parcel Number _____ | Taxpayer Name _____ | Taxpayer Mailing Address _____ |

SENIOR CITIZENS OR PEOPLE WITH DISABILITIES RENEWAL APPLICATION INSTRUCTIONS

REDUCTIONS RECEIVED ON BASIS OF ERRONEOUS INFORMATION SHALL BE SUBJECT TO THE COLLECTION OF TRUE TAXES PLUS 100% PENALTY FOR UP TO FIVE YEARS AS PROVIDED FOR IN RCW 84.40.130.

Filing Your Application

Complete the Application included on the reverse side of this paper with proof of your 2020 income if your last name begins with P-S and return it to:

Pierce County ATR
2401 S 35th St, Rm 142,
Tacoma, WA 98409

If you return the Application and proof of income by mail, the form must be signed by the applicant, or his/her attorney, or a duly authorized agent, or guardian.

Failure to complete this application by May 12, 2021 may result in cancellation of your property tax exemption.

Residency

Your residence is defined as your principal single family dwelling unit, whether separate or part of a multiunit dwelling. A mobile home on leased or rented land and you occupy it for more than 6 months each calendar year.

The applicant must have owned the residence in 2020. Temporary confinement to a hospital, nursing home, adult care facility, assisted living or a blood relative's home may not disqualify the applicant if the residence is temporarily unoccupied, is occupied by a spouse and/or persons financially dependent for support, or if it was rented for the purpose of paying a nursing home or hospital.

Income Categories

There are three income categories set by State law:

Category 1 31,644 or less
Category 2 \$31,645—\$38,676
Category 3 \$38,677—\$45,708

Income beyond this point may not qualify for a reduction.

Taxable and Non-Taxable

Gross Income

All income of the applicant and spouse/co-tenant/domestic partner, including contributions from other household members during 2020, must be included. Income documentation is required, including Income Tax Filing, if filed, 1099's, and Bank Statements.

If you file an income tax return with the IRS, please wait until you file before submitting your application.

Losses or depreciation may not be used to offset other income.

Capital gains, military retirement, dividends, State Labor & Industries and workers compensation-pensions, pension/retirement, annuities, IRAs, any foreign income, and all other income are to be reported at full value.

VERIFICATION OF ALL INCOME IS REQUIRED

Change to Your Income Category

You may be required to provide prior years income per RCW 84.36.385.

Disabled Veteran or Surviving Spouse

Service Connected Veteran's Disability benefits or Survivors Dependency Compensation (DIC) will be deducted from your disposable income.

Proof of Service-Connected Disability or DIC is required.

You must still include other military and Veterans benefits, other than attendant-care and medical-aid payments. Combat Related Special Compensation (CRSC) & Concurrent Retirement, VAED and Disability Pay Benefits must be included as disposable income.

2020 bank statements are Required in addition to other income documents.

Allowable Deductions

You may take deductions from your disposable income for the following expenses paid by you, your spouse, or domestic partner. **Provide documentation for all allowable out-of-pocket expenses that were not reimbursed by insurance or a government program:**

- Non-reimbursed amounts paid for prescription drugs.
- Medicare Part B, Part C/Medicare Advantage Plan, and Part D (Supplement insurance plans may not be deducted)
- Non-reimbursed amounts paid for goods and services received by in-home care, items such as oxygen, special needs furniture, attendant-care, light housekeeping tasks, lawn care, life alert, etc..

The Effects of Death and/or Retirement

If your spouse/co-tenant/domestic partner was deceased or retired in 2020, your income amount may be computed differently. Please contact our office for assistance.

Appeal Of Denial

If your exemption application is denied by the Assessor-Treasurer, you may appeal to the Pierce County Board of Equalization within 60 days of the mailing of the notice of denial.

Questions?

Contact our Senior Citizen or Disabled Person Property Tax Exemption Department at **253-798-2169**

Monday thru Friday 8:30-4pm

www.piercecountywa.gov/atr



Mike Lonergan
Assessor-Treasurer