



# INSTRUCTIONS

Instructions are provided based on the  
line number found on the front of this form

**NOTE: With Legislative changes made in 2005 this form will 1) Verify that you qualified for the 2006 property tax exemption and 2) Determine the level of exemption you will receive under the new rules for 2006-2009.**

- 1 **Name and Address** Enter the claimant's name, address, telephone number, spouse (or co-tenant's) name.
- 2 **Type of Ownership** Check the box that pertains to you. If you check a life estate or lease for life, attach a copy of that portion of the deed, lease or trust.
- 3 **Type of Residence** Check all boxes that reflect your property
- 4 **Parcel Number** This number may be obtained from your latest tax statement, Or call (509) 477-3698
- 5 **Eligibility**
  - **Eligibility for this program is determined by the combined disposable income of the claimant during the application year.**
  - **Verification of all income and deductions must be attached.**
  - **The claim will not be processed without supporting documents.**

## The following are acceptable supporting documents

Self generated computer printouts or typed listings of expenses, income, etc. are NOT acceptable proof.

- ⇒ **Gross Income** ⇒
- If you file income tax, attach a **complete** copy of your 2005 income tax filing, including **all schedules**.
  - If you don't have to file, we still need your 2005 proof of income. Examples of other income are: all 1099s, money contributed by others residing with you, unemployment compensation, public assistance, disability payments, alimony, VA benefits, IRA distributions, investment income, capital gains, trust or royalty disbursements and partnerships.
  - Attach a copy of your **year-end social security statement**.
- ⇒ **Co-Tenant** ⇒
- A co-tenant is a person who resides with the claimant and has ownership interest in the residence.
- **Spouse or co-tenant income must be provided.**
  - **If your spouse or co-tenant files a separate tax return**, proof of his or her income and expense claims must be submitted.
- ⇒ **Deductions** ⇒
- If you wish to have your non-reimbursed expenses deducted, **verification is required**. Allowable non-reimbursed expenses are:
- **Non-reimbursed nursing home expenses**, including non-reimbursed medication expense.
  - **Non-reimbursed boarding home or adult family home expenses (2005 tax year)**, including non-reimbursed medication expense.
  - **Non-reimbursed in-home care**. Items such as specialty foods, oxygen, Meals-on-Wheels, special needs furniture, attendant care and light housekeeping may be deducted. It is not a requirement that the person providing in-home care be specially licensed.
  - **Non-reimbursed prescription drugs**. A print out is available from your pharmacist, please attach a copy.

- 6 **Exemption Type** Check only the box(es) that apply.  
**If disabled and under 62 years of age**, Social Security or Labor and Industries award letter or other proof (verification from your doctor) is required.
- 7 **Dates and Signature** Fill in your birthdate, spouse's birthdate and the year you purchased/occupied your residence.
  - ⇒ **Signature** ⇒
    - **Read this entire form before signing.**
    - Claimant, please sign this application in front of two witnesses. Examples of a witness are: Family members, neighbors, financial institutions. The witness is only witnessing your signature, and is not verifying the information on your application. If someone other than the claimant is signing this document, please attach proof of authority such as Power of Attorney.

**For help or questions regarding the application call the Assessor's Office at (509) 477-5754**

This material is available in alternate format for individuals with disabilities or a language other than English by calling (360) 486-2342. Teletype (TTY) users may call (800) 451-7985