



Spokane County
WASHINGTON

TOM KONIS
SPOKANE COUNTY ASSESSOR

Enclosed is the 2019 property tax exemption application. Eligibility is based on your qualifying information during the assessment year – the year prior to the tax year. You must meet the following criteria:

2018 combined disposable household income must be less than \$40,000 and

Age 61 or above – born in 1957 or before; or disabled from substantial gainful activity prior to December 31, 2018; or be a Veteran of the armed forces of the United States entitled to and receiving compensation from the United States Department of Veterans Affairs at a total disability rating for a service-connected disability prior to December 31, 2018, and

Ownership and Residency – Own and physically occupy the residence on or before December 31, 2018. Applicants must occupy the residence for more than 6 months each year.

The state requires proof of all income. **Did you file a 2018 federal tax return?** If the answer is yes, **a complete copy is required, including all schedules, along with year-end statements backing up the figures on your tax return.** If you do not file a 2018 federal tax return, income proof is still required. Please provide year-end statements for all income received into the household in 2018.

The Assessor's office cannot make copies for you.

Please fill out and sign the 4506-T (enclosed), and return it with the rest of your documentation. Form 4506-T is to be filled out whether or not you file income tax. You must provide a copy of your income tax filing with this application. Please do not write in boxes 5, 6 or 9 and do not make notes anywhere on the 4506-T form.

Your application will be returned if:

It is incomplete.

It does not include income or allowed expense documentation proof.

It does not include the 4506-T form, filled out and signed.

It does not include a driver's license or state ID card showing residency and birthdate.

It has not been signed.

Your signature has not been witnessed.

Applications are processed in the order received in the office, and you will be notified by mail once the process is completed.

If you have any questions or need assistance, please contact the office at (509) 477-3698.

1116 W. BROADWAY AVENUE • SPOKANE, WA 99260-0010
PHONE: 509-477-3698 • FAX: 509-477-3697 • ASSESSORSENIOREXEMPTIONS@SPOKANECOUNTY.ORG



Assessor's Office

Senior Citizen/Disabled Person Exemption from Real Property Taxes

Chapter 84.36 RCW

2018 Income for 2019 Taxes

Please complete both sides of this application

1. Applicant Name and Mailing Address: Date of Birth: 2. Property Address: Parcel or Account # Purchase Year:

3. I am: Single Married Widowed Divorced Legally Separated Married living apart My primary phone number is: My secondary phone number is: My e-mail address is: (Optional)

4. My spouse/domestic partner or co-tenant's (co-owner who lives with me) name is and birthdate is. If deceased, date of death. A co-owner, whose name is, did not reside in the home in 2018, and does not contribute to the household income. A person who lives with me and contributes to the household income but does not have an ownership interest in my home.

5. I have/had an exemption at another residence in Washington or another state. When: Where: (What year) (Address including county)

To qualify for the Senior Citizen/Disabled Person Exemption, an applicant must meet the following criteria: Own and occupy the home as the principal residence. Have a total combined disposable income of not more than \$40,000. Meet one of the age or disability requirements in section 6.

6. I was 61 years of age or over by December 31, 2018. (Provide a copy of your Washington driver's license, state ID card or documentation showing date of birth.) I am not 61, but I have received a disability determination notice effective prior to December 31, 2018. The effective date of my disability is: (Provide a copy of your SSA award notice or a Proof of Disability Statement completed by your physician.) I am not 61, but I am a veteran entitled to and receiving VA disability at a total disability rating for a service connected disability. The effective date of my disability is: (Provide a copy of your VA award notice.) My spouse/domestic partner was receiving this exemption, but has passed away and I was at least 57 years of age by December 31 in the year of his/her death. My birthdate is: (Provide a copy of your Washington driver's license, and spouse's death certificate.)

7. I owned and occupied this home as my principal residence by December 31, 2018. (Provide proof of residency; a copy of your Washington driver's license or state ID card.) My property is in a trust (If selected, please contact the office at 477-3698 for Declaration of Trust document.) I owned more than one property in 2018. It is/was: a rental unoccupied sold in 2018 other: Other property address(es) I have a life estate or lease for life.

2018 Income for 2019 Taxes

You must provide copies of ALL 2018 income information.

If you file an IRS tax return, please provide a complete copy, including all schedules, W2s, 1099's.

Your application will not be processed without this documentation. All income must be disclosed per RCW 84.36.383(4)(5), including income not taxed by the IRS, income from your spouse or domestic partner, and all resident co-owners, and income contributed from outside sources or others living in your home. Losses and depreciation cannot be deducted to reduce your income.

Also provide documentation of any qualifying deductions, as listed below.

1-8-19-2

8. Use the worksheet below to help calculate your TOTAL household income. (Both taxable and non taxable income)

INCOME			DEDUCTIONS		
A.	Total earned wages, salaries and tips	\$ _____	L.	Out of pocket prescription drug expenses	\$ _____
B.	Total taxable and non-taxable interest and dividends	\$ _____	M.	Medicare premiums (parts A, B, C, D)	\$ _____
C.	Alimony or public assistance received	\$ _____	N.	In-home care expenses	\$ _____
D.	Total income from capital gains (do not subtract any losses you may have)	\$ _____	O.	Nursing, boarding, or adult family home expenses	\$ _____
E.	Business, rental, and farm income before depreciation	\$ _____	P.	Miscellaneous adjustments, as listed on page 1 of IRS form 1040 (except penalty on early withdrawal of savings)	\$ _____
F.	Taxable IRA distributions	\$ _____			
G.	Total pensions and annuities	\$ _____		Total Deductions	\$ _____
H.	Unemployment income or disability income (not VA disability or DIC)	\$ _____			
I.	Total social security or railroad retirement income (from box 5 of SSA-1099 or box RRB-1099)	\$ _____		Total Income for 2018	\$ _____
J.	Veteran or Military income (not VA disability or DIC)	\$ _____			
K.	All other income contributed to household	\$ _____			
	SUBTOTAL	\$ _____			

Did you remember to include copies of:

- A driver's license or other approved documentation showing residency and birthdate.
- A disability award notice showing date of determination, if applicable.
- A death certificate, if an owner is deceased, or if applying as qualified widow/widower.
- The Trust agreement and the completed Declaration of Trust, if applicable.
- Complete IRS tax return if filed and all W2's and 1099s, proof of all income to household.
- Purchase and sale documents of any properties bought or sold in 2018.
- Pharmacy printout and proof of allowable deductions.

Return completed form to:

**Spokane County Assessor
Exemption Section
1116 W Broadway Ave
Spokane WA 99260**

9. I swear under the penalty of perjury that all statements are true and that the income I provided is my entire income. I understand reductions based on erroneous information are subject to the collection of true taxes plus 100% penalty for up to five years, as provided in RCW 84.40.130.

**Two individuals or an employee of the Assessor's office must witness your signature.*

Date: _____ Date: _____
Signature of Claimant Witness

Date: _____ Date: _____
Deputy Assessor Witness

Application #	FOR COUNTY USE ONLY			Denied	
	2018 Type		Frozen Year	ATC #	
	2019 Type		Frozen \$	Yr Eligible	
Comments					

Questions? Call: (509) 477-3698