SENIOR CITIZEN AND DISABLED PERSONS REDUCTION IN PROPERTY TAXES

YOU WILL BE NOTIFIED ONLY IF APPLICATION IS DENIED

File application with the King County Assessor **for taxes due in 2001**

PLEASE READ INSTRUCTIONS ON BACK

1. I, or each of us (if joint owners are filing) apply for exemption on the described property and certify the following: (please check appropriate box(es)).

- ☐ I currently occupy this property as my principal residence as of December 31, 2000.
- ☐ I am or will be 61 years of age or older on or before December 31, 2000.
- ☐ I am physically disabled and retired from regular gainful employment by reason of such disability. Attach current physician's statement attesting to disability if under age 61**.**
- ☐ I am a surviving spouse of a person who was previously approved for this exemption and I am at least 57 years old.

2. Birthdate: _____ Spouse Birthdate: _____ Date Property Occupied/Purchased: _____

3. **Type of Ownership:** ☐ Owner ☐ Contract Purchaser ☐ Lease for Life Estate

4. **This property is:** ☐ In Excess of One Acre ☐ Has more than One Residence ☐ CO-OP Name: _____

5. ALL GROSS INCOME OF CLAIMANT, SPOUSE AND/OR CO-TENANT: (MAXIMUM INCOME $30,000)

A.	100% Social Security (including Part B Medicare)	$ _____	F.	All Other Income (including capital gains)	$ _____
B.	Pensions, Annuities, Railroad Retirement, State/Federal Civil Service	$ _____	G.	***Minus*** Nursing Home Expenses	$ (_____)
C.	Interest & Dividends Including Bonds	$ _____	H.	***Minus*** In-Home Care Expenses	$ (_____)
D.	Wages	$ _____	I.	***Minus*** Prescription Drugs (Non-Reimbursed)	$ (_____)
E.	Business/Rental Income before depreciation	$ _____			

Total Combined Income for 2000 $ _____

VERIFICATION OF 2000 MUST BE ATTACHED

PLEASE PRINT

6. **Claimant's Name:** _____ Spouse's Name: _____

Address: _____

City, State, Zip: _____ Area Code/Phone Number: _____

Any exemption granted through willfully providing erroneous information shall be subject to the correct tax being assessed for the last three years, plus a 100% penalty, (RCW 84.40.130). I declare under the penalties of perjury, that all of the fore-going statements are true. Signature must be witnessed by two persons **OR** a Commissioned Deputy Assessor.

Signature of Claimant	Date	Witness	Date
Deputy Assessor	Date	Witness	Date

7. **Property Tax Account Number:** ☐☐☐☐☐☐ - ☐☐☐☐ - ☐☐

THIS CLAIM IS SUBJECT TO AUDIT BY THE DEPARTMENT OF REVENUE

FOR DEPARTMENT OF ASSESSMENTS USE ONLY

Type: _____ Seg. _____

Years Eligible _____ _____ _____ _____ Denied _____ Reviewed: _____

DOA Form 9210 (Rev. 03/00)

INSTRUCTIONS

This material is available in alternate format for individuals with disabilities upon advance request by calling Exemptions at 206-296-3920 or TTY 206-296-7888.

This claim must be filed with the King County Assessor for taxes payable in **2001**. If you think you may qualify for any of the three prior years, please call our office for the additional applications. The valuation of the residence shall be frozen at the assessed value of the residence on January 1st of the assessment year the person first qualifies.

THE ITEM NUMBERS LISTED BELOW RELATE TO THE NUMBERS ON THE FRONT OF THIS FORM.

1. Check only the box(es) that apply. If disabled and under 61 years of age, physician-certified proof of disability form with the year of disability, date it occurred and duration of disability must be attached. For copies of the disability forms call 206-296-3920.

2. Fill in your birthdate, spouse's birthdate, and date you occupied/purchased your residence.

3. Type of ownership: Check the box that pertains to you. If you have a life estate or a lease for life, please attach a copy of that portion of the deed, lease or trust. DO NOT send the entire deed, lease or trust.

4. Check these items only if they apply to you.

5. Income: **Verification of all income/deductions must be attached**. The claim will not be processed without proof. You must report to us all gross income from 2000. Social Security Income may not appear on your IRS Return. You must provide a copy of your social security income if it does not appear on your Return. This includes monies contributed by others residing with you, unemployment compensation, public assistance, disability payments, alimony, VA benefits, investments, capital gains, trust or royalty disbursements, and partnerships. **Non-reimbursed nursing home expenses, including non-reimbursed medication expense by the claimant or his or her spouse or co-tenants may be deducted from gross income. Verification of non-reimbursed expenses is required for the claimant, his or her spouse and any co-tenants. Non-reimbursed in-home care for the claimant, his or her spouse or co-tenants may be deducted. Items such as specialty foods, oxygen, Meals on Wheels, special needs furniture, attendant care and light housekeeping may be deducted from gross income. It is not a requirement that the person providing in-home care be specially licensed. Non-reimbursed prescription drugs may be deducted from gross income**.

WHEN AVAILABLE, verification of income and deduction amounts must be provided. **It is feasible to wait until you have all the acquired documentation before filing. The deadline will be disregarded**, if filed within three years from date of payment. Submit copies of your IRS forms, plus any social security benefit statements. Submit all non-reimbursed nursing home, in-home care or prescription drug receipts and the corresponding insurance or Medicare claim forms. If your spouse or co-tenant files a separate tax return, proof for income and expense claims must be submitted. Computer printouts or typed listings of expenses, income, etc is not acceptable.

A **co-tenant** is a person who resides with the claimant AND has ownership interest in the residence. Co-tenant income information must be provided if they reside with you.

6. Name and Address: Enter the claimant's full name, address, phone number and spouse's name.

7. Property Tax Account Number: This number may be obtained from your latest tax statement or from your county assessor.

Claimant, please sign this claim form in front of two witnesses, or you may sign it at the Department of Assessments. If someone other than the claimant is signing this document, please attach proof of authority such as Power of Attorney.

IF APPROVED, THIS APPLICATION SHALL ALSO SERVE AS A REQUEST FOR A REFUND. THE REFUND PETITION WILL BE PREPARED AND MAILED AT A LATER DATE FOR YOUR SIGNATURE. WHEN YOU RECEIVE THE REFUND PETITION PLEASE SIGN IT AND RETURN IT IMMEDIATELY.

KING COUNTY DEPARTMENT OF ASSESSMENTS 500 4TH AVENUE, ROOM 709F
SEATTLE, WA 98104-2384 206-296-3920