

# Senior Citizen and Disabled Persons Declaration to Defer

**Complete this application and file it with your local County Assessor at least 30 days prior to the date the taxes or special assessments are due. For assistance in completing this form contact your County Assessor's Office by calling the number listed in the local government section of your telephone directory.**

**I. This deferral application is for:**

Real Property Taxes due in the year(s): \_\_\_\_\_

Special Assessments due in the year: \_\_\_\_\_. **For deferral of special assessments submit a separate application for each payment year and complete Part IV on page 2.**

Applicant: \_\_\_\_\_ Spouse \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Property address: \_\_\_\_\_

Co-tenants (someone who lives with you **AND** has an ownership interest in your home): \_\_\_\_\_

Other occupants: \_\_\_\_\_

County Parcel No: \_\_\_\_\_

**II. I do attest and affirm that: (Check the boxes that apply.)**

I am a:

senior citizen or surviving spouse \_\_\_\_\_  
Date of Birth

OR

disabled person. \_\_\_\_\_  
Date of Disability

I own or am purchasing this residence. \_\_\_\_\_  
Purchase date

This has been my principal residence since: \_\_\_\_\_  
Date of Occupancy

You may qualify if you are: (a) at least 60 on or before December 31 in the year before the taxes are due; **OR** (b) disabled; **OR** (c) at least 57 and the surviving spouse of someone who was in the program at the time of their death. Attach proof of age or proof of disability. For disability attach copy of SSA or VA decision **OR** affidavit signed by a licensed physician.

**NOTE:** Share ownership in cooperative housing, life estates, leases for life, and revocable trusts **do not** satisfy the ownership requirement for this program.

If you and/or your spouse are temporarily confined to a hospital or nursing home, your home is still considered to be your principal residence.

**I have a mortgage, purchase contract, or deed of trust.**

Yes  No **If yes, you must report your mortgage balance in Part VIII on page 3.**

**The accumulation of reserves for payment of real property taxes is:**  Required  Not Required

If your mortgage, purchase contract, or deed of trust requires the accumulation of reserves (a reserve or impound account) to pay your real property taxes, you must also obtain the signature of your mortgage holder. The holder must sign this application either before a Notary Public or before the assessor or his/her deputy. **See Part V on page 2.**

**This box to be completed by the Assessor's office**

Date approved by Assessor: \_\_\_\_\_

Application number: \_\_\_\_\_

**True and Fair (Market) Value**

Land: \$ \_\_\_\_\_

Building: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**This box to be completed by the Department of Revenue**

Insurance:  Attached  On file  Not on file  State not listed as Loss Payee  None

Equity Balance: \$ \_\_\_\_\_  Equity OK  Lien Filed Processed by: \_\_\_\_\_

**III. My residence is a**  Single family dwelling  Multi-unit dwelling/condominium  Mobile home  
 Mobile Homes: Do you own the land the mobile home is located on:  Yes  No  
 Name of mobile home park if applicable: \_\_\_\_\_ Space No: \_\_\_\_\_

**This property includes:** (Check all that apply)  
 My principal residence and up to one acre of land  
 More than one acre of land  
 More than one residence and/or additional improvements that are not normally part of a residence (i.e. commercial buildings or improvements)

**My total parcel or lot size:** \_\_\_\_\_ **acres** If local zoning and land use regulations require more than 1 (one) acre of land per residence in the area where you live you may be able to defer the property taxes for your entire parcel, up to 5 (five) acres.  
 If larger than one acre, what is the minimum parcel size required for each residence by local zoning or land use regulations: \_\_\_\_\_ **acres**

**Check only one box:**  I have attached the legal description for my residence and one (1) acre encompassing the residence. I understand that the value included in my equity calculation will only include the value for this portion of my property.  
 I have elected to allow you to file your lien on my entire parcel, even though the deferral of taxes or assessment may not cover the entire parcel.

**IV. For special assessment deferrals, the following information must be supplied:**

	Assessment #1	Assessment #2
Jurisdiction to whom the special assessment is paid	_____	_____
Type of improvement or special assessment .....	_____	_____
LID, ULID or special assessment number .....	_____	_____
Annual due date(s) .....	_____	_____
Was the installment method selected for payment? ..	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available

**V. I have a**  Mortgage  Purchase Contract  Deed of Trust

**The terms of my mortgage, purchase contract, or deed of trust require the accumulation of reserves to pay real property taxes.**

Name of mortgage company or holder of contract or deed: \_\_\_\_\_

Auditor's Recording No: \_\_\_\_\_

**The holder of the agreement must sign this application either before a Notary Public or before the assessor or his/her deputy.**

\_\_\_\_\_  
 Signature of Mortgagee, Contract Purchase Holder or Beneficiary Title

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, \_\_\_\_\_  
 (year)

Notary Public or Assessor or Deputy in and  
 for the State of \_\_\_\_\_  
 residing at \_\_\_\_\_

**How is Combined Disposable Income calculated?**

If your income is substantially reduced (or increased) for at least two months before the end of the income/assessment year and the change in income is expected to continue indefinitely, you can use your new average monthly income to estimate your annual income. Calculate your income by multiplying your new average monthly income (during the months after the change occurred) by twelve.

Your estimated combined disposable income determines your eligibility and level of exemption for this program. Include all income sources and amounts for you, your spouse, and any co-tenants during the application or assessment year. The application or assessment year is the year before the taxes are actually due. The assessor may request verification of income and deduction amounts in the following year.

“Disposable income” was given a specific definition by the Legislature in RCW 84.36.383(5). It is defined as adjusted gross income, as defined in the federal internal revenue code, plus all of the following that were not included in or were deducted from adjusted gross income:

- ⊆ Capital gains, other than a gain on the sale of a principal residence that is reinvested in a new principal residence;
- ⊆ Amounts deducted for losses or depreciation;
- ⊆ Pensions and annuities, including Federal social security act and railroad retirement benefits;
- ⊆ Military and veterans pay and benefits other than attendant-care and medical-aid payments;
- ⊆ Dividend receipts and interest received on state and municipal bonds.

**These income sources are included in disposable income whether or not they are taxable for IRS purposes.**

Allowable deductions include out of pocket costs paid by you or your spouse for nursing home, boarding home, or adult family home expenses, care or treatment in your home, prescription drugs, and insurance premiums paid for Medicare under Title XVIII of the Social Security Act. At this time, other types of insurance premiums are not an allowable deduction. Care or treatment in your home means medical treatment or care received in the home. You can deduct costs for items such as oxygen, special needs furniture, attendant care, light housekeeping tasks, meals-on-wheels, and other services that are part of a necessary or appropriate in-home service.

**Instructions for Part 3, Line N:** Enter -0- if you entered an amount on Line A. If you did not file an IRS return and you have adjustments for items shown on the lower portion of IRS Form 1040, you may deduct those costs here.

**VI. Combined Disposable Income for Application/Assessment Year:**

A. Adjusted Gross Income from Federal Tax Return. (If you did not file with IRS enter -0-)	
B. Capital gains not included in Line A. Losses cannot be used to offset gains. Include gains from 1099's and Sch D.	
C. Deductions for losses and depreciation included in Line A.	
D. Pensions and annuities not included in Line A. <b>Do not include</b> the non-taxable portion of IRA distributions.	
E. Military and veterans pay and benefits not included in Line A.	
F. Dividends and interest not already included in Line A.	
G. <b>Taxable</b> IRA distributions <b>not</b> already included in Line A.	

H. Social Security and Disability not included in Line A.	
I. List other income not included in Line A.	
<b>Subtotal Income</b>	<b>\$</b>
<b>Less Non-reimbursed costs for:</b>	
J. Nursing Home, Boarding Home, or Adult Family Home Expenses.	
K. In-Home Care Expenses.	
L. Prescription Drugs.	
M. Insurance Premiums for Medicare under Title XVIII of the Social Security Act.	
N. See instructions.	
<b>Subtotal Deductions</b>	<b>\$</b>
<b>Combined Disposable Income</b>	<b>\$</b>

**VII. My home is insured:**  No  Yes **If yes, my Fire and Casualty Insurance is provided by:**

Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 Amount of dwelling coverage: \$ \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
 Local agent: \_\_\_\_\_ Agent's Phone No.: \_\_\_\_\_

**Washington State Department of Revenue is listed as a "Loss Payee" on my policy.**  Yes  No

If Washington State Department of Revenue is not listed as a loss payee on your insurance policy, the value of your dwelling cannot be included in the equity calculation and your equity will be based on the value of the land only. For documentation, you must provide a copy of your policy. Mail it to Washington State Department of Revenue, Property Tax Division, PO Box 47471, Olympia WA 98504-7471 or fax it to Deferrals at (360) 586-7602.

**VIII. Liens and obligations**

You must report the balances (as of January 1) of all mortgages and liens against the property. Do not report your deferral account balance.

Yes  No Mortgage(s) (*lien balance*) \$ \_\_\_\_\_  
 Yes  No Special assessment balance(s) \$ \_\_\_\_\_  
 Yes  No Balance on other liens, lines of credit, etc. \$ \_\_\_\_\_

**TOTAL Liens and Obligations** \$ \_\_\_\_\_

**IX.**  I understand that any deferred special assessments and/or real property taxes, plus interest, are a lien upon this property. This lien becomes due and payable upon occurrence of any of the following conditions:

1. Sale or transfer of this property.
2. My death unless my surviving spouse, if qualified, elects to continue the deferral. (Your spouse must file an application to continue the deferral within ninety (90) days of your date of death.)
3. Condemnation of this property by a public or private body exercising the power of eminent domain, except as otherwise provided in RCW 84.60.070.
4. This residence is no longer my primary residence.
5. Failure to keep fire and casualty insurance in sufficient amount to protect the interest of the state, unless the deferred amount does not exceed my equity value in the land or lot only.

- I swear under the penalties of perjury that the information reported on this application form is true and complete. I understand that an incomplete application will delay my property tax payment.
- I understand that future deferrals are not automatic and that I must renew my application if I want to defer my property taxes or special assessments next year.
- I understand that the annual interest rate on deferrals made before January 1, 2007 is 8% and the annual interest rate on deferrals made on or after January 1, 2007 is 5%.

<b>Your Signature (or the signature of your authorized agent)</b>	<b>Date</b>	<b>Percentage of Interest</b>
_____	_____	%
<b>Signatures of all other owners of interest on the deed</b>	<b>Date</b>	<b>Percentage of Interest</b>
_____	_____	%
_____	_____	%

For information on the laws and rules governing this program, visit <http://dor.wa.gov> or contact the Program Administrator at (360) 570-5867.

To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.