

Application Checklist

**SUBMIT THIS CHECKLIST WITH COMPLETED APPLICATION.**

TAXPAYER: \_\_\_\_\_ ACCT. NO: \_\_\_\_\_

When submitting your application, **make sure the application packet is complete and that you verify and/or include the following information:**

**Application Information:**

Name, Mailing Address, Telephone Number, email address, if any, and Birthdate(s)

Proof of Disability Form (If not age 61 or older)

**Yes / No** - If Life Estate or Lease for Life Box Checked –  
**Copy of Document or Auditor File Number on Application**

**Yes / No** - If Revocable or Irrevocable Trust Box Checked –  
**Signed Declaration of Trust AND copy of Trust Document**

**Yes / No** – Physically occupied this residence for more than 6 months of application year.

Provide Dates (Month/Year to Month/Year) \_\_\_\_\_

**Yes / No** Checkbox – Sold Property during application/income year

**Yes / No** Checkbox – Applicant owns more than one piece of property

**Yes / No** Checkbox – Applicant has received/is receiving tax exemption on another property.

**Yes / No** Checkbox – IRS Tax Return Filed (**If Yes, Must provide a complete copy of tax return**)

Proof Of Income & Expenses – Copies of all income documents must be submitted with application.  
If deducting for allowable expenses, you must submit proof of expenses.

Signature on Application

**Other Income Sources – Please indicate if you, your spouse/domestic partner or co-tenant receives any of the following and make sure you provide documentation copies for all “yes” answers:**

**Yes / No:** Social Security Benefits

**Yes / No:** Supplemental Social Security Benefits (SSI)

**Yes / No:** State Cash and/or Food Assistance: Cash - \$\_\_\_\_\_/mo Food - \$\_\_\_\_\_/mo Other - \$\_\_\_\_\_

**Yes / No:** Non-taxable Veteran’s Disability Benefits or Dependency and Indemnity Compensation (DIC)  
\$\_\_\_\_\_/mo (will not be included in disposable income calculation for 2008 or after)

**Yes / No:** Benefits received are for service-connected disability.

**Yes / No:** Non-taxable Military Benefits (DFAS Account Statement – CRSC, CRDP, SBP Costs)

**Yes / No:** State L & I or U.S. Labor (OWCP) Worker’s Compensation

**Yes / No:** Unemployment Benefits

**Yes / No:** Tax-Exempt Interest from State or Municipal Bonds (Look at Line 8 on tax return)

**Yes / No:** Are there other persons living in the home who contribute to household expenses \_\_\_\_\_

**Yes / No:** Other Non-Taxable Income Sources: \_\_\_\_\_

**Mail or bring application packet to:** KITSAP COUNTY ASSESSOR  
614 DIVISION ST MS-22  
PORT ORCHARD, WA 98366

**For Questions or Assistance call: 360-337-7160 or email: lmcpee@co.kitsap.wa.us**

**Senior Citizen and Disabled Persons Exemption from Real Property Taxes TY2012**  
**Chapter 84.36 RCW**

Complete both sides of this form and file the application packet with the Kitsap County Assessor.

1. Applicant Name	<b>County Use Only</b>
Spouse/Domestic Partner or Co-tenant Name	<b>2011 Assessment for 2012 Taxes</b> Year ZONING: _____ Year
Mailing Address	<input type="checkbox"/> Approved for Exemption on:
City, State, Zip	<input type="checkbox"/> 60% of value but not less than \$60,000
Home Phone	<input type="checkbox"/> 35% of value but not less than \$50,000 or more than \$70,000
Cell Phone	<input type="checkbox"/> Excess levies only
Email Address	<input type="checkbox"/> Denied (reason): _____
	<input type="checkbox"/> Approved for Refund by Assessor
	<input type="checkbox"/> Approved for Refund by Treasurer

**2. Please check the appropriate box. Proof of age or disability is required.**

I am or will be 61 years of age or older by December 31 of the assessment year on which this exemption is based. (The assessment year is the same as the income year used to qualify and is the year before the property tax is due.)

I am under 61 years of age and I am retired from regular gainful employment due to a disability.

I am a veteran with a 100% service connected disability.

I am the surviving spouse/domestic partner of a person who was previously receiving this exemption and I was at least 57 years of age in the year my spouse/domestic partner passed away.

Applicant Birth date: \_\_\_\_\_ Spouse/Domestic Partner Birth date: \_\_\_\_\_ Disability Determination Date: \_\_\_\_\_

**3. Ownership and Residency:** Date Property Purchased: \_\_\_\_\_ Date Property Occupied: \_\_\_\_\_

Months home occupied during assessment year (2011):  Full Year  Other: \_\_\_\_\_

**Check One:**  I own in full or am purchasing  I have a Lease for Life or a deeded Life Estate (some trusts may qualify)

Yes  No Have you received an exemption before now? **If Yes:** When: \_\_\_\_\_ Where: \_\_\_\_\_

Yes  No Did you sell your former residence? **If Yes:** When: \_\_\_\_\_ Where: \_\_\_\_\_

**4. Property Description** Parcel or Account Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Address City

**My residence is a**  Single family home  One unit of a multi-unit dwelling (duplex/condominium)  Housing Co-op

**Mobile Home:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Do you own the land where the mobile home is located?  Yes  No

**This property includes:**  My principal residence and up to 1 acre of land. **If more than 1 acre, check all that apply:**

My principal residence and more than 1 acre of land - the total parcel or lot size is: \_\_\_\_\_ Acre(s)

More than one residence and/or additional improvements that are not normally part of a residence (i.e. commercial buildings or other improvements not typically part of a residential parcel)

**If your parcel is larger than one (1) acre and your local zoning/land use regulations require more than one (1) acre per residence in the area where you live, you may be eligible for an exemption for your entire parcel, up to five (5) acres.**

**5. By signing this form I confirm that I:**

- Have completed the income section on page 2 of this form and the required documentation is included.
- Understand it is my responsibility to notify you if I have a change in income or circumstances and that any exemption granted through erroneous information is subject to the correct tax being assessed for the last five years, plus a 100 percent penalty.
- Declare under penalty of perjury that the information in this application packet is true and complete.
- Request a refund under the provisions of RCW 84.69.020 for taxes paid or overpaid as a result of mistake, inadvertence, or lack of knowledge regarding exemption from paying real property taxes pursuant to RCW 84.36.381 through 389.

You must have two people witness your signature. If you have no one to witness your signature, you may present your application in person and an employee of the Assessor's Office will witness your signature.

Signature of Assessor or Deputy	Date	Signature of Applicant	Date
1 <sup>st</sup> Witness Signature (If not signed by Assessor or Deputy)	Date	By: Guardian or POA for Applicant if applicable	Date
2 <sup>nd</sup> Witness Signature (If not signed by Assessor or Deputy)	Date		



## Instructions for Completing the Application

### Parts 1 through 5

Provide the information requested in Parts 1 through 4. Leave the "County Use Only" areas blank. In **Part 1**, a co-tenant is someone who lives with you and has an ownership interest in your home. Your signature in **Part 5** must have two witnesses. If you do not have anyone available to witness your signature, take your completed application to the Assessor's Office and someone there will witness your signature. To avoid delays in processing your application, remember to answer all questions and include all of the required documentation. If you have questions about what to include, contact your County Assessor's Office.

### Page 2 - How is disposable income calculated?

The Legislature gave "disposable income" a specific definition. According to RCW 84.36.383(5), "disposable income" is 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 (annuities also include income from unemployment, disability, and welfare);
  - ◆ Social Security Act and railroad retirement benefits;
  - ◆ Military pay and benefits other than attendant-care and medical-aid payments;
  - ◆ Veterans pay and benefits other than attendant-care, medical-aid payments, veterans' disability benefits, and dependency and indemnity compensation; and
  - ◆ Dividend receipts and interest received on state and municipal bonds.
- ◆ **This income is included in "disposable income" even when it is not taxable for IRS purposes.**

**Important:** Include all income sources and amounts received by you, your spouse/domestic partner, and any co-tenants during the application/assessment year (the year before the tax is due). If you report income that is very low or zero, attach documentation showing how you meet your daily living expenses. Use **Line K** to report any income not reported on your tax return and not listed on Lines A through J.

### What if my income changed in mid-year?

If your income was substantially reduced (or increased) for at least two months before the end of the year and you expect that change in income 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.

**Example:** You retired in September and your monthly income was reduced from \$3,500 to \$1,000 beginning in October. Multiply \$1,000 x 12 to estimate your new annual income.

**Report this amount on Line K** and do not complete Lines A through J. Provide documentation that shows your new monthly income and when the change occurred.

**Line K – Report all household income not already included or discussed on Lines A through J.** Include foreign income not reported on your federal tax return and income contributed by other household members not shown in Part 1. Provide the source and amount of the income.

### Lines L - O - What is combined disposable income?

RCW 84.36.383(4) defines "combined disposable income" as your disposable income plus the disposable income of your spouse or domestic partner and any co-tenants, minus amounts paid by you or your spouse or domestic partner for:

- ◆ Prescription drugs;
- ◆ Treatment or care of either person in the home or in a nursing home, boarding home, or adult family home; and
- ◆ Health care insurance premiums for Medicare. (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, including physical therapy. You can also deduct costs for necessities such as oxygen, special needs furniture, attendant-care, light housekeeping tasks, meals-on-wheels, life alert, and other services that are part of a necessary or appropriate in-home service.

### Special instructions for Line P.

If you had adjustments to your income for any of the following and you did not file an IRS return, report these amounts on Line P and include the IRS form or worksheet you used to calculate the amount of the adjustment.

- ◆ Certain business expenses for teachers, reservists, performing artists, and fee-basis government officials
- ◆ Self-employed health insurance or contributions to pension, profit-sharing, or annuity plans
- ◆ Health savings account deductions
- ◆ Moving expenses
- ◆ IRA deduction
- ◆ Alimony paid
- ◆ Student loan interest, tuition, and fees deduction
- ◆ Domestic products activities deduction

### What are the program benefits?

The taxable value of your home will be "frozen" as of January 1 in the year you first qualify for this program. Even though your assessed value may change, your taxable value will not increase above your frozen value. In addition, your combined disposable income determines the level of reduction (exemption) in your annual property taxes.

Income	Level of Reduction
0 - \$25,000	Exempt from regular property taxes on \$60,000 or 60% of the valuation, whichever is greater, plus exemption from 100% of excess levies.
\$25,001 - \$30,000	Exempt from regular property taxes on \$50,000 or 35% of the valuation, whichever is greater, not to exceed \$70,000, plus exemption from 100% of excess levies.
\$30,001 - \$35,000	Exempt from 100% of excess levies.

**CONTACT YOUR COUNTY ASSESSOR'S OFFICE FOR ASSISTANCE IN COMPLETING THIS FORM.**

## Documentation to Include

**You must provide documentation to the Assessor for all income received by you, your spouse or domestic partner, and any co-tenants.**

### **PROOF OF INCOME**

#### **Federal Tax Forms**

If you filed a federal tax return, provide a complete copy including, but not limited to, all of the following forms or schedules that are part of your federal return.

- IRS Form 1040, 1040A, or 1040EZ
- Schedule B - Interest & Ordinary Dividends
- Schedule C - Profit & Loss from Business
- Schedule D - Capital Gains & Losses
- Schedule E - Supplemental Income & Loss
- Schedule F - Profit & Loss from Farming
- Form 1116 – Foreign Tax Credit
- Form 4797 - Sales of Business Property
- Form 6252 - Installment Sale Income
- Form 8829 - Expenses for Business Use of your Home
- Social Security Statement (Generally, SSA 1099)
- K-1's

#### **Non-IRS Filers:**

If you do not file an IRS return, you must provide documentation of all income received by you, your spouse/domestic partner, and any co-tenants.

#### **Other Documents:**

Include copies of standard federal forms and documents used by others to report income they paid out including, but not limited to, the following:

1. W-2's - Wage & Tax Statement  
W-2-G - Certain Gambling Winnings
2. 1099's:
  - 1099-B - Proceeds from Broker & Barter Exchange
  - 1099-Div - Dividends & Distributions
  - 1099-G – Unemployment Compensation, State & Local Income Tax Refunds, Agricultural Payments
  - 1099-Int - Interest Income
  - 1099-Misc - Contract Income, Rent & Royalty Payments, Prizes
  - 1099-R - Distributions from Pensions, Annuities, IRA's, Insurance Contracts, Profit Sharing Plans
  - 1099-S - Proceeds from Real Estate Transactions
  - RRB-1099 - Railroad Retirement Benefits
  - SSA-1099 - Social Security Benefits

#### **Other Income Sources**

If you have income from other sources and you did not receive a W2 or 1099 for the income you received, provide the following:

- a statement from the organization that issued the payments (DSHS, WA Labor & Industries, U.S. Dept. of Labor (OWCP), etc.);
- copies of your monthly bank statements with a statement describing the type of income received (e.g. workers' compensation, state cash and food assistance, tips, cash earned from yard sales or odd jobs, rental income, groceries purchased for you in return for a room in your house, etc.).

### **PROOF OF EXPENSES**

**Provide documentation for all allowable out-of-pocket expenses that were not reimbursed by insurance or a government program.**

Provide a copy of an invoice, bill, or cancelled check if you or your spouse or domestic partner paid for any of the following:

- Care in a nursing home, boarding home, or adult family home
- In-home care
- Prescription drugs (Most pharmacies will provide a print-out for the year if you ask for one.)
- Medicare Prescription Drug or Medicare Advantage insurance plans

### **PROOF OF AGE OR DISABILITY AND PROOF OF OWNERSHIP AND RESIDENCY**

**You must provide documentation to the Assessor demonstrating you meet the age or disability, ownership, and residency requirements.**

- A copy of your photo ID and/or birth certificate.
- If your eligibility is based on a disability, a copy of your disability award letter from SSA or VA, or a Proof of Disability statement completed and submitted by your physician.
- A complete copy of your trust documents, if applicable.
- A copy of your driver's license and/or voter registration.