Deferral Application for Senior Citizens and Disabled Persons

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 (check all that apply and list all tax years to be paid):

- □ Real Property Taxes due in the **year(s):** _____
- □ Special Assessments due in the **year:** _____. **Also complete Part IV on page 2.**

Applicant: _____ Telephone No.: _____
Spouse or Domestic Partner _____
Mailing Address: _____
City, State, Zip: _____
Property address: (If different than mailing) _____
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 I am a: (Check the boxes that apply.)

- □ senior citizen _____ Date of Birth
  OR
- □ disabled person _____ Date of Disability
  OR
- □surviving spouse or domestic partner. _____ Date of Birth
- □ I own or am purchasing this residence. _____ Purchase date
- □ This has been my principal residence since: _____ Date of Occupancy

Check the boxes that apply and provide the information requested. You may qualify for this program if you are: (a) at least 60 years of age on or before December 31 in the application year; OR (b) disabled; OR (c) at least 57 and the surviving spouse/domestic partner 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/domestic partner 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.**
- □ **Yes** □ **No** **My mortgage company withholds a certain amount each month to pay my taxes.**

If yes, you must also obtain the signature of your mortgage lender. This ensures the first lien position of the mortgage lender. The lender 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	**True and Fair (Market) Value**
Date approved by Assessor: _____	Land: $
Application number: _____	Building: $
	Total: $

This box to be completed by the Department of Revenue

Insurance: q Attached q On file q Not on file q State not listed as Loss Payee q None
Equity Balance: $ q Equity OK q 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 larger than one acre, what is the minimum parcel size required for each residence by local zoning or land use regulations: _____ **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.

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?..	Yes □ No □ Not Available	□ Yes □ No Not Available

V. To be completed by lender if the monthly mortgage payment includes an amount to pay real property taxes. (See Part II on page 1.

Lien Type: □ **Mortgage** □ **Purchase Contract** **or** □ **Deed of Trust**

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 _____

VI.

Income Year _____

Combined Disposable Income Worksheet

As defined in RCW 84.36.383 (4) and (5) and WAC 458-16A-100 (6) and (12)

Income: **$ Amount**

A. **Adjusted Gross Income from Federal Tax Return**. If you did not file with IRS, enter -0- here and report your income from all sources on the appropriate lines below. _____

B. **Capital Gains not already included in Line A.** Do not use losses to offset gains. Do not include the gain from the sale of your principal residence if you used the gain to purchase a replacement principal residence within the same year. _____

C. **Deductions for Losses (including capital losses).** If your adjusted gross income includes deductions for losses, those amounts must be added back. Include deductions for losses from business ventures and rentals as well as capital losses. _____

D. **Deductions for Depreciation.** If your adjusted gross income includes deductions for depreciation, those amounts must be added back. If you deducted depreciation as a business and/or rental expense that resulted in a loss, recalculate the net income/loss without the deduction for depreciation expense. If there is still a net loss enter -0- here, if there is net income enter the net income here. _____

E. **Dividends or interest not already included in the amount on Line A.** Include interest on state and municipal bonds. _____

F. **Pensions and annuities.** Report any pension and annuity amounts not included in the amount on Line A, but do not include non-taxable IRA distributions. _____

G. **Military Pay and Benefits.** Report military pay and benefits not included in the amount on Line A. Do not include attendant-care and medical-aid payments. Report your CRSC here. _____

H. **Veterans Pay and Benefits.** Report veterans pay and benefits not included in the amount on Line A. Do not include attendant-care and medical-aid payments. For the 2008 income year and forward, do not include disability compensation or dependency and indemnity compensation you receive from the Department of Veterans Affairs. _____

I. **Social Security and Railroad Retirement Benefits.** Report Social Security and Railroad Retirement not already included in the amount on Line A. For example: If your gross Social Security benefit was $10,000 and $4,000 was included in adjusted gross income as the taxable amount, report the non-taxable $6,000 here. _____

J. **Income from Schedules C, E, and F not already included in the amount on Line A.** You can deduct normal expenses except depreciation expense, but do not use losses to offset income. _____

K. **Other Income not already included in the amount on Line A.** Give source, type, and amount. _____

_____ _____

_____ _____

Subtotal Income: $ _____

Less Non-Reimbursed Expenses:

L. **Nursing Home, Boarding Home, or Adult Family Home Expenses.** _____

M. **In-Home Care Expenses.** See instructions for expenses that may qualify. _____

N. **Prescription Drug Costs.** Report out-of-pocket costs. _____

O. **Insurance Premiums paid for Medicare under Titled XVIII of the Social Security Act (Parts A, B, C, and D).** Do not include supplemental or long-term care insurance premiums. _____

P. **Enter -0- here if you filed a return with IRS and entered an amount on Line A.** If you did not file a return with IRS and you had deductions to gross income normally allowed by IRS, enter those deductions here. Allowable adjustments include alimony you paid, tuition, student loan interest, moving expenses, and others. See the instructions.

Subtotal Allowable Expenses: $ _____

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Total Combined Disposable Income Less Allowable Deductions: $ _____

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 current balances of all mortgages and liens against the property. Do not report your deferral account balance.

□ Yes	□ No	Reverse Mortgage *(lien balance)*	$
□ Yes	□ No	1st Mortgage (lien balance)	$
□ Yes	□ No	2nd Mortgage (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, together with interest, are a lien upon this property and that this lien becomes due and payable upon:

1. Sale or transfer of this property.
2. My death unless my surviving spouse or domestic partner, if qualified, elects to continue the deferral. (Your spouse or domestic partner 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. Such time as 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%.

□ I have attached copies of documents supporting my income information, current mortgage and lien balances, and fire and casualty insurance.

Date Percentage of Interest:	Your Signature (or the signature of your authorized agent)	Date	Percentage of Interest
			%

Date Percentage of Interest:	Signatures of all other owners of interest on the deed	Date	Percentage of Interest
			%
			%

For information on the laws and rules governing this program, visit dor.wa.gov or contact the Deferral Administrator at (360) 570-5874. 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.

Instructions for Completing the Income Section of the Deferral Application for Senior Citizens and Disabled Persons

How is disposable income calculated?

"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

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 the change in income is expected to continue indefinitely, you can use your new average monthly income to estimate your

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 pay and benefits other than attendant-care and medical-aid payments;
- Veterans pay and benefits other than attendant-care payments and medical-aid payments; veterans disability benefits and dependency and indemnity compensation **(beginning with the 2008 income year)**; and
- 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.**

Include all income sources and amounts for you, your spouse/domestic partner, and any co-tenants that you received during the application/assessment year. The application/assessment year is the year before the taxes are actually due.

Special instructions for Lines G and H.

In 2008, the Legislature passed SSB5256 which allows you to exclude veterans' disability benefits and dependency and indemnity compensation as defined in Title 38, part 3, sections 3.4 and 3.5 of the code of federal regulations. If you are receiving these benefits, you no longer have to include those amounts in your disposable income. You must still include other military and veterans benefits other than attendant-care and medical-aid payments. CRSC benefits must still be included in disposable income.

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 the 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

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 $2,000 to $1,000 beginning in October. Multiply $1,000 x 12 to estimate your new annual income. Provide documentation that shows your new monthly income and when the change occurred.

What is combined disposable income?

Combined disposable income is defined in RCW 84.36.383 (4) as your disposable income plus the disposable income of your spouse/domestic partner and any co-tenants, minus amounts paid by you or your spouse/domestic partner for:

- Prescription drugs;
- Treatment or care for you or your spouse/domestic partner, received in the home (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, life alert, and other services that are part of a necessary or appropriate in-home service.);
- Treatment or care for you or your spouse/domestic partner 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.)

You should report these costs on Lines L through O.

Please contact your county assessor's office for assistance in completing this form.