

# Renewal Application Deferral for Senior Citizens and People with Disabilities

## RCW 84.38

Use this application only if you have applied for a Deferral for Senior Citizens and People with Disabilities in a previous year. File this completed application along with all supporting documents at your county assessor’s office. For assistance, contact your county assessor at [dor.wa.gov/countycontacts](http://dor.wa.gov/countycontacts)

### County use only

Deferral number: Processed by:

Approve/deny date: Deny reason:

### This deferral application is for (check all that apply):

Real property taxes due in the year(s): Parcel or account number:

Special assessment annual due date:

Jurisdiction: LID, ULID number:

Was the installment method selected? Yes No Not Available

## 1 Applicant information

Applicant name: Date of birth:

Spouse/domestic partner or co-tenant name: Date of birth:

Other occupants:

Residence address:

City: State: Zip:

Mailing address (if different than residence address):

City: State: Zip:

Home phone: Cell phone: Email:

## 2 Age/disability

I am or will be 60 years of age or older by December 31 of the current tax year.

I am under 60 years of age and initially qualified for this deferral due to a disability.

My disability status remains the same.

My disability status has changed. Date of change:

Reason for change:

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

Their date of death: Did they have a Last Will or Testament? Yes No

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### 3 Renewal verification

**Homeowners insurance:** Yes No

If yes, provide a copy of your most recent fire and casualty insurance policy and/or statement. See the instructions for more information regarding homeowners insurance.

**Change in ownership:** Yes No

This includes transfer to a trust or adding others to the deed. If yes, provide a copy of the transfer document and/or trust.

**I occupy the residence:** More than 6 months in a calendar year. Less than 6 months in a calendar year.

**If less than 6 months:** Were you in a hospital, nursing home, boarding home, adult family home, or home of a relative for the purpose of long-term care? Yes No

**Liens and obligations (include balance as of January 1)**

Reverse Mortgage	Yes	No \$
1st Mortgage	Yes	No \$
2nd Mortgage	Yes	No \$
Special assessments	Yes	No \$
Other liens, HELOC, etc.	Yes	No \$

### 4 Combined disposable income

**Year:**

Total combined disposable income from the [Combined Disposable Income Worksheet](#): \$  
(See instructions. Submit your completed worksheet with this application.)

### 5 Certification

**Section A**

By signing this form, I confirm that I:

- Understand that any deferred real property taxes and/or special assessments, with 5% annual interest, are a lien upon this property and the lien becomes due when:
  - I transfer ownership of my property to someone else.
  - I no longer permanently reside at the residence.
  - My property is condemned.
  - I no longer maintain a fire and casualty insurance policy naming the Washington State Department of Revenue as a loss payee in an amount that is sufficient to protect the interest of the state, and the deferred amount exceeds 100% of my equity in only the land value.
  - I die. Unless my surviving spouse, domestic partner, heir, or devisee is at least 57 years old, meets the qualifications for the deferral, and files an application with the county assessor within 90 days of your death.
- Understand that future deferrals are not automatic and I must renew my application to defer property taxes in a future year.
- Declare under penalty of perjury that the information in this application is true and complete.

Applicant signature:	Date:	Percent ownership:
Spouse/domestic partner signature:	Date:	Percent ownership:
Other owner signature:	Date:	Percent ownership:

**Section B (May need to be completed. See instructions for more information.)**

Co-signature of lender if the contract between you and your lender requires the lender to collect funds to pay real property taxes. Must be signed before a notary public, the assessor, or deputy assessor where the residence is located.

County auditor recording number for lender contract: \_\_\_\_\_

Name of lender: \_\_\_\_\_

Name and title of lender representative: \_\_\_\_\_

Signature of lender representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary form**

State of Washington

County of \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_ [Date] by  
\_\_\_\_\_ [Name of lender representative] as \_\_\_\_\_ [title of  
lender representative] of \_\_\_\_\_ [Lender].

\_\_\_\_\_  
(Signature of Notary)

(Seal or stamp)

\_\_\_\_\_  
(Title of Office)

My commission expires: \_\_\_\_\_

## Instructions for completing the application

Complete Parts 1 through 5 in their entirety and include supporting documents to avoid delays in application processing. If you have questions, contact your county assessor's office at [dor.wa.gov/countycontacts](http://dor.wa.gov/countycontacts).

### Part 1

A co-tenant is someone who lives with you and has an ownership interest in your home. Other occupants are people who live with you who don't have ownership interest in your home.

### Part 2

Check the appropriate box. See the **Documents to Include** section in these instructions to determine what to send for proof of age or disability. If you are the surviving spouse/domestic partner, heir, or devisee of a person who previously received the deferral, provide a copy of their death certificate as well as a copy of their Last Will and Testament if they had one. If they died without a Last Will and Testament, provide a statement explaining why you as the surviving spouse/domestic partner, heir, devisee are entitled to receive the property after their death.

### Part 3

Complete Part 3 to verify and/or report any changes in homeowners insurance, ownership, occupancy, and liabilities since your last application or renewal. Provide supporting documents as indicated and/or requested.

### Part 4

Complete and attach the [Combined Disposable Income Worksheet](#) and enter the total here.

#### How combined disposable income is calculated

Per RCW 84.36.383(1) "combined disposable income" is your disposable income plus the disposable income of your spouse/domestic partner and any co-tenants, minus deductible expenses.

#### How disposable income is calculated

"Disposable income" has a specific definition for the purpose of this program. Per RCW 84.36.383(6), "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.
- Social security act and railroad retirement benefit.
- Military pay and benefits other than attendant-care and medical-aid payments.
- Veterans pay and benefits other than attendant-care, medical-aid payments, VA disability benefits, and DIC.
- Dividend receipts.
- Interest received on state and municipal bonds.

These incomes are included in "disposable income" even when it is not taxable for IRS purposes.

#### What are deductible expenses

Expenses paid by you or your spouse/domestic partner (not reimbursed or covered by insurance) for:

- Prescription drugs.
- Treatment or care of either person in the home or in a nursing home, boarding home, or adult family home.
- Health care insurance premiums for Medicare Parts A, B, C, and D and Medicare supplemental (Medigap) policies.
- Durable medical and mobility enhancing equipment and prosthetic devices.
- Medically prescribed oxygen.
- Long-term care insurance.
- Cost-sharing amounts (amounts applied towards your health plan's out of pocket maximum).
- Nebulizers.
- Medicines of mineral, animal, and botanical origin prescribed, administered, dispensed, or used in the treatment of an individual by a Washington licensed naturopath.
- Ostomic items.
- Insulin for human use.

- Kidney dialysis devices.
- Disposable devices used to deliver drugs for human use.

For additional information, review the instructions for the [Combined Disposable Income Worksheet](#).

## Income thresholds

The income threshold to qualify for this deferral is the greater of \$45,000 or 75% of the county median household income. County specific thresholds can be found at [dor.wa.gov/incomethresholds](http://dor.wa.gov/incomethresholds).

## Part 5

**Section A:** Sign and date the application. You are signing under oath acknowledging all information is true and accurate. You understand the deferred amount plus interest is due under the circumstances listed. If any other person, including your spouse/ domestic partner has an ownership interest in the residence, they must also sign and date the application.

**Section B:** The lien for deferred property taxes and/ or special assessments automatically has first priority. If the contract between you and your lender requires the lender to collect funds to pay real property taxes, the lender can co-sign this application to maintain first lien priority. They must sign before a notary public, the assessor, or deputy assessor where the residence is located.

## Documents to include

You must provide documentation to your county assessor's office to support the information reported on the application.

### Proof of age or disability, ownership, and occupancy

Include copies of documentation showing you meet the age or disability, ownership, and occupancy requirements such as:

- A copy of your driver's license or state issued photo id.
- A copy of your voter registration.
- A copy of your 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 trust documents, if applicable.
- A copy of your deed.
- Any other documents your county assessor requests.

### Proof of income

Attach a completed [Combined Disposable Income Worksheet](#) and supporting documents.

For additional detail on what to include, see the instructions for the [Combined Disposable Income Worksheet](#).