Form 64 0011

Print form

Deferral Application for Senior Citizens and People with Disabilities

Chapter 84.38 RCW

Complete this application in its entirety and file along with all supporting documents at your county assessor's office. For assistance, contact your county assessor at <u>dor.wa.gov/countycontacts</u>

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):
Special assessment annual due date:
Jurisdiction:
Was the installment method selected?
1 Applicant information
Applicant name: Date of birth:
Spouse/domestic partner or co-tenant name:
Other occupants:
Residence address:
City: State: Zip: 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 I am retired from regular gainful employment due to a disability.
Disability determination date:
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 Ownership and o	ccupancy			
Date property purchased:	Date pro	operty initially occ	cupied:	
I occupy the residence:	Лоre than 6 months in	a calendar year.	Less than 6 m	nonths in a calendar year.
4 Property informa Type of residence:	tion			
Single-family home	Single unit of a	multi-unit dwellin	ng duplex/condo	Mobile home
If mobile home, provide a	copy of the Departme	nt of Licensing Cert	tificate of Title or T	ïtle Elimination document.
This residence includes:				
Less than or equal t	o one acre of land.			
More than one acre	of land.			
If more than one acre, lis	t the zoning regulatior	n for your parcel.		
Homeowners insurance: If yes, provide a copy of your instructions for more inform		Casualty Insurance	e policy and/or st	atement. See the
Liens and obligations (inclue	e balance as of Janua	ry 1)		
Reverse Mortgage	Yes No	\$		
1st Mortgage	Yes No	\$		
2nd Mortgage	Yes No	\$		
Special assessments	Yes No	\$		
Other liens, HELOC, etc.	Yes No	\$		
5 Combined dispos Total combined disposable ind		Year:	me Worksheet. ¢	
(See instructions. Submit you				

6 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	y need	to be	comp	oleted.	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 respres	sentative] as	[title of
lender representative] of	[Lender].	
	(Sig	nature of Notary)
(Seal or stamp)		

(Title of Office)

My commission expires: _____

Instructions for completing the application

Complete Parts 1 through 6 in their entirety and include supporting documents to avoid delays in application processing. If you have questions, contact your county assessor's office at <u>dor.wa.gov/countycontacts</u>.

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

Enter the date you purchased the residence and the date you began occupying the residence even if the dates are the same. A share ownership in cooperative housing, life estates, leases for life, and revocable trusts are not qualifying forms of ownership for this deferral program.

Part 4

Details regarding your specific residence and parcel data can be obtained from your county assessor's office.

If your parcel is more than one acre, but you are only allowed to defer the taxes on one acre, a lien will be placed on your entire property unless you provide a clear legal description for only the portion eligible for the deferral.

You can defer up to 80% of your equity value in the residence. If you have a homeowner's insurance policy that you have **Washington State Department of Revenue-Property Tax Division, PO Box 47471, Olympia WA 98504** as a loss payee, your equity value is the assessed value of the residence plus land minus the debts and encumbrances secured by the property.

If you do not have homeowner's insurance or your policy does not list the department as a loss payee, your equity value is the assessed value of land only minus the debts and encumbrances secured by the property.

List the balance of all liens and obligations secured by your property as of January 1 of the application year.

Part 5

Complete the <u>Combined Disposable Income</u> <u>Worksheet</u> 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 benefits.
- Military pay and benefits other than attendantcare and medical-aid payments.
- Veterans pay and benefits other than attendantcare, 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 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 eqiupment and preosthetic 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 <u>Combined Disposable Income Worksheet</u>.

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 <u>dor.wa.gov/incomethresholds.</u>

Part 6

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 <u>Combined Disposable Income</u> <u>Worksheet</u> and supporting documents. For additional detail on what to include, see the instructions for the Combined Disposable Income Worksheet.