CHECKLIST FOR
SENIOR CITIZEN AND DISABLED PERSONS
DECLARATION TO DEFER

Attached is a Senior Citizen Deferral application and informational brochure for 2019 property taxes and/or Special Assessments using 2018 income (may not exceed $45,000). (Deferral of prior years taxes may be included, if you meet the qualifying criteria for this application.) The following numbered instructions match the numbers on the application.

Documentation must be provided for all income and out-of-pocket expense deductions allowed for this program. Please see the attachment for documentation requirements. A copy of your deed or Mobile Home Title must also be included.

1. Complete all parts of this section. Be sure to include your property tax account number.

2. Complete all parts of this section. All mortgages, liens, and obligations concerning this property must be included. See parts 5 and 8. Documentation must be provided.

3. Complete all parts of this section.

4. If this deferral is for a Special Assessment, such as a lighting improvement, sewer improvement, etc., please include all the required information and if you have a Special Assessment statement, please enclose a copy.

5. If the property is mortgaged, the name and address of the mortgage company must be included. If your mortgage company collects the taxes, the mortgage company signature must be on this claim.

6. All income from all sources must be included in this section. There are NO deductions for losses of any kind, or depreciation. Documentation is required for income and allowed deductions shown on the application. You must include a full copy of your 2018 tax return if you are required to file, together with the documents used to prepare the return.

7. Insurance must be carried on this property and all information for your carrier must be included. The State of Washington Department of Revenue must be named as loss payee on your insurance policy. A copy of the policy must be provided to the Department of Revenue. If the Department of Revenue is not named as a loss payee, only the land value will be used to calculate equity.

8. All mortgages, liens, and obligations concerning this property must be included. Please provide your year-end statements for any item listed.

9. Please READ ALL BULLETED ITEMS. Your signature is required. The signature of all other owners of interest on the deed are also required if applicable.

Return the application and required documentation to the Snohomish County Assessor’s Office, Exemption Department in the envelope provided (3000 Rockefeller #510, Everett, WA 98201). If approved, it will be forwarded to the Washington State Department of Revenue for their approval and payment. Repayment to the State may be made at any time in any amount during your ownership. When the property is sold or transferred, full payment to the State is required. For any payoff amounts, please call 1-360-534-1426. If you have any questions regarding this deferral application, please call the Exemption Department at (425) 388-3540.
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.

1. 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): ______________________ in __________ Complete Part 4 on page 2.
   - Special Assessments due: ______________________ Year(s):

   Month and Day

Applicant: ______________________ Age: _____ Date of Birth:

Spouse or Domestic Partner: ______________________ Date of Birth:

Mailing Address: ______________________ City: __________ Zip: ______

Home Ph: ______________________ Cell Ph: ______________________ Email: ______________________

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

______________________________

Other occupants:

______________________________

Property Address, if different than mailing:

Property City: ______________________ Property Zip: ______

County Parcel No: ______________________

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

   - I am or will be 60 years of age or older by December 31 of the tax current year.
   - I am under 60 years of age and I am retired from regular gainful employment due to a disability. Disability: ______________________
   - I am the surviving spouse or domestic partner of a person who was previously receiving this deferral and I was at least 57 years of age in the year my spouse/domestic partner passed away. Spouse or Domestic Partner Date of Death: ______________________

Ownership and Residency:

   - I own or am purchasing this residence. Date Purchased: __________ Date Occupied: __________

   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.

Mortgage Information:

   - Yes □ No □ I have a mortgage, purchase contract, or deed of trust. If yes, report your mortgage balance in Part 8 on page 4 and answer the question below.

   - Yes □ No □ My mortgage company withholds a certain amount each month to pay my taxes. If yes, see Part 5 on page 2. Your lender must sign this application either before a Notary Public or before the assessor or his/her deputy. This ensures the first lien position of the mortgage lender.

This box to be completed by the Assessor’s Office

Date approved or denied by Assessor: ______________________

Application number: ______________________

Reason if Denied: ______________________

**Note:** If no insurance OR if state is not listed as “loss payee”, use land value for Total Eligible Value and then stop at “Equity Value”.

<table>
<thead>
<tr>
<th>Total Eligible Value</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Liens and Obligations from Page 4:</td>
<td>$</td>
</tr>
<tr>
<td>Equity Value** = Total Eligible Value minus Total Liens and Obligations:</td>
<td>$</td>
</tr>
<tr>
<td>Deferral Limit = 80% of Equity Value:</td>
<td>$</td>
</tr>
</tbody>
</table>

True and Fair (Market) Value as of January 1 of the Application Year

| Land: | $ |
| Building: | $ |

| Total: | $ |

Equity Calculation

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3. 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 If “yes”, has the title been eliminated? □ Yes □ No Date of title elimination if applicable: ____________________________

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

Check one box:

□ I have attached the legal description for my residence and one (1) acre encompassing the residence (or up to five (5) acres if the excess acreage is required by local land use regulations). I understand that if I choose this option 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 assessments may not cover the entire parcel. I understand that if I choose this option the value of my entire legal parcel can be included in the equity calculation.

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

Assessment #1
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

Assessment #2

□ Yes □ No □ Not Available

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

Assessment #1
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

Assessment #2

□ Yes □ No □ Not Available

5. To be completed by your lender if your monthly mortgage payment includes an amount to pay real property taxes. (See Mortgage Information under Part 2 on page 1.)

Auditor’s File No: ____________________________ Lien Type: □ Mortgage or □ Deed of Trust

Name of mortgage company or holder of contract or deed: ____________________________

To ensure first lien position, the lender must sign this application either before a Notary Public or before the assessor or his/her deputy.

Signature of Mortgage Company Representative, Contract Holder, etc. ____________________________ 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 ____________________________

My signature here confirms that my lender refused to sign this application: ____________________________
Combined Disposable Income Worksheet

As defined in RCW 84.36.383 and WAC 458-16A-100

IMPORTANT: PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

Income:

A. ☐ Yes □ No Did you file a federal tax return? If yes, enter your Adjusted Gross Income (AGI) from your federal tax return and attach a complete copy of your return. If no, enter 0.

B. ☐ Yes □ No Did you have capital gains that were not reported on your tax return? Do not add the gain from the sale of a primary residence if you used the entire gain to purchase a replacement residence within the same year. Do not use losses to offset gains.

C. ☐ Yes □ No Did you have deductions for losses included in your tax return? If yes, the losses must be added back to the extent they were used to offset/reduce income. (Ex: On Schedule D, you reported a ($10,000) loss but the loss was limited to ($3,000), shown on Line 13 of your 1040. Add the ($3,000) loss used to offset/reduce your income.) (Ex: You filed two Sch C’s – one with a ($10,000) loss and one with a $5,000 net income. A net loss of ($5,000) was reported on your 1040, Line 12. Add back the ($10,000) loss.)

D. ☐ Yes □ No Did you deduct depreciation expense in your tax return? If yes, that expense must be added back to the extent the expense was used to reduce your income. (Ex: Net loss reported. If you deducted depreciation as a business and/or rental expense that resulted in a loss, recalculate the net income/loss without the depreciation expense. If there is still a net loss enter -0- here, if there is net income enter the net income here.)

E. ☐ Yes □ No Did you have nontaxable dividend or interest income, OR, income from these sources that was not reported on your tax return? If yes, add that income here. Include nontaxable interest on state and municipal bonds.

F. ☐ Yes □ No Did you have nontaxable pension and annuity income, OR, income from these sources that was not reported on your tax return? If yes, report the amounts here. (Ex: You received $10,000 in pensions and annuities. The taxable amount was $6,000. Report the nontaxable $4,000 here.) Do not include nontaxable IRA distributions.

G. ☐ Yes □ No Did you receive military pay and benefits that were nontaxable, OR, income from these sources that was not reported on your tax return? If yes, report that income here, including CRSC. Do not include attendant-care and medical payments.

H. ☐ Yes □ No Did you receive veterans pay and benefits from the Department of Veterans Affairs that was nontaxable, OR, that was not reported on your tax return? If yes, report that income here. Do not include attendant-care and medical payments, disability compensation, or dependency and indemnity compensation paid by DVA.

I. ☐ Yes □ No Did you receive nontaxable Social Security or Railroad Retirement Benefits? If yes, report that income here. (Ex: Your gross Social Security benefit was $10,000 and $4,000 was included in AGI as the taxable amount, report the non-taxable $6,000 here.)

J. ☐ Yes □ No Did you receive income from business, rental, or farming activities (IRS Schedules C, E, or F) that was not reported on your tax return? Report that income here. You can deduct normal expenses, except depreciation expense, but do not use losses to offset income.

K. ☐ Yes □ No Did you receive Other Income that is not included in the amounts on Lines A - J? Give source, type, and amount.

Did you have any of the following Allowable Deductions?

L. ☐ Yes □ No Nursing Home, Boarding Home, or Adult Family Home costs.

M. ☐ Yes □ No In-Home Care expenses. See instructions for qualifying expenses.

N. ☐ Yes □ No Prescription Drug costs.

O. ☐ Yes □ No Medicare Insurance Premiums under Title XVIII of the Social Security Act (Parts B, C, and D). Currently, there is no allowable deduction for supplemental, long-term care, or other types of insurance premiums.

P. ☐ Yes □ No 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 expenses normally allowed by IRS as adjustments to gross income, enter those deductions here. Allowable adjustments include alimony you paid, tuition, moving expenses, and others. See the instructions.

Subtotal Allowable Deductions:

Total Combined Disposable Income:

County Use Only:
7. 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 current policy declaration. Listing information: Washington State
Department of Revenue, Property Tax Division, PO Box 47471, Olympia WA 98504-7471; Deferral Account Number

8. Liens and obligations

□ 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 $______________

9. By signing this form I confirm that:

- 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:
  - Sale or transfer of this property.
  - 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.)
  - 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.
  - Such time as this residence is no longer my primary residence.
  - 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 on or after January 1, 2007 is 5%.

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

Your Signature (or the signature of your authorized agent) ____________________________ Date ____________ Percentage of Ownership Interest %

Signatures of all other owners of interest on the dead ____________________________ Phone ____________ Date ____________ Percentage of Ownership Interest %

______________________________ ________________ ____________________________ ____________________ %

______________________________ ________________ ____________________________ ____________________ %

______________________________ ________________ ____________________________ ____________________ %

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the Washington Relay Service by calling 711.

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

To avoid delays in processing your application, remember to answer all questions, include all of the required
documentation, and sign the form. Anyone who has an ownership interest in the property must sign the form.
Leave the “County Use Only” areas blank.

You must include documentation showing you meet the age or disability requirement. You must also include
documentation of your income; account balances for existing mortgages or other liens against your property; and a copy
of your insurance policy showing the State of Washington Department of Revenue listed as “loss payee”. Without
insurance documentation, we will only include land value in the equity calculation. If you have questions about what to
include, contact your County Assessor’s Office.

Instructions for Completing the Income Section

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;
♦ 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

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

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