



Return by May 15, 2018

**CHANGE IN STATUS REPORT
SENIOR CITIZEN AND DISABLED PERSONS EXEMPTION
FROM REAL PROPERTY TAXES**

(RCW 84.36.385)

File this form with Skamania County Assessor

<p>1.</p> <p>Claimants Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Telephone Number _____</p> <p align="center">A Change of residence requires an original application to be filed.</p>	<p align="center">County Use Only</p> <hr/> <p align="center">2017 Assessment for 2018 Taxes</p> <p>Tax Code Area: _____</p> <p><input type="checkbox"/> Full Excess plus exemption for 60% of the value but not less than \$60,000. (\$0 - \$30,000)</p> <p><input type="checkbox"/> Full Excess plus exemption for 35% of the value but not less than \$50,000 nor more than \$70,000. (\$30,001 - \$35,000)</p> <p><input type="checkbox"/> Full Excess (\$35,001 - \$40,000)</p>
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<p>2. Description of Property: _____</p> <p>Parcel Number: _____</p>	<p>Property Address: (Street, Road, Space #, etc) _____</p>
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“MUST APPLY EACH YEAR AND MUST PROVIDE VERIFICATION OF INCOME AND DEDUCTIONS”

Bring in or Mail all of your Documents or Income Tax Return to the Assessor's Office – We will be happy to assist you!

3- All Gross Income of Claimant, Spouse and Co-tenant:			
<p>A. Social Security (Less Part B Medicare) \$ _____</p> <p>Spouse / Partner Soc. Sec. Do Not Add Children's Soc. Sec. \$ _____</p> <p>B. Pension, Annuities & Retirement Bonds – Veterans Retirement \$ _____</p> <p>Interests, Investments C. & Dividends \$ _____</p> <p>D. Wages/Unemployment \$ _____</p> <p>E. Invest Income \$ _____</p>	<p>F. Other Income (Rentals/Out of Country/ Property Sales) \$ _____</p> <p>G. Nursing Home Expenses (Non-reimbursed) - \$ _____</p> <p>H. In-Home Care Expense (Non-reimbursed) - \$ _____</p> <p>I. Prescription Drugs Only (Co-Pay) (Non-reimbursed) - \$ _____</p> <p>2017 TOTAL COMBINED INCOME \$ _____ (Maximum Income \$40,000)</p>		

4. Birth Date: _____	S / P-Birth Date: _____	Date Property Purchased/Occupied _____
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THIS CLAIM IS SUBJECT TO AUDIT BY THE DEPARTMENT OF REVENUE

5. Any person willfully giving false information on this application shall be subject to the perjury law of the State of Washington and any exemption granted through erroneous information shall be subject to the correct tax being assessed for the last three years, plus a 100 percent penalty.

I swear under the penalties of perjury that all of the foregoing statements are true.

Assessor or Deputy _____ 509-427-3720 _____ Date

Signature of Claimant _____

Witness (Needs to Sign if Documents are Mailed) _____

By _____

Witness (Needs to sign if Document are Mailed) _____

Title _____

INSTRUCTIONS FOR COMPLETING CHANGE OF STATUS REPORT FOR SENIOR CITIZEN AND DISABLED PERSONS EXEMPTION

Must Apply Each Year.... Must Return Form... Must Provide all Gross Income Information.

After the initial application is filed, a Change Status Report must be filed with the County Assessor, each year between January 2 and May 15th.

The item numbers listed below relate to the numbered sections on the front of this form.

1. **Name and address:** Enter the claimant name, address and telephone number.
2. **Description of Property:** Enter county parcel number or legal description of property.
3. **Income:** Eligibility in this program is determined by the estimated combined disposable income of the applicant during the application year. It must be your primary home. The Assessor, requests verification of income and deduction amounts in the following year. All gross income from whatever source of the claimant, his or her spouse and any co-tenants must be reported. The actual amount expended for attendant care and medical aid may be deducted from veteran's and military benefits. Non-reimbursed nursing home expenses incurred by the claimant, his or her spouse or co-tenants may be deducted from gross income on line G. The non-reimbursed amounts paid for the care or treatment of claimant, his or her spouse or co-tenants in the home may be deducted from gross income online H. In-home care or assistance means medical treatment or care received in the home; items such as food, oxygen, or meals on wheel, that are part of a necessary or appropriate in-home service; special needs furniture or attendant care and light housekeeping tasks. Payments from in-home care must be reasonable and at a rate comparable to those paid for similar services in the same area. The person providing the care or treatment does not have to be specially licensed. Non-reimbursed prescription drugs may be deducted from income on line I.

Co-tenant means a person who resides with the claimant and who jointly owns the residence.

If the person claiming the exemption was retired for two months or more of the preceding year, the income is calculated by multiplying the average monthly income (*during the months* such person was retired) by twelve.

If the income of the applicant is reduced for two or more months of the assessment year because of the death of their spouse, or when a substantial change in income occurs that will continue indefinitely, the income is calculated by multiplying the average monthly combined disposable income after the occurrences by twelve.

4. **Signature:** The application claim may be signed by the applicant, his/her attorney, holder of the mortgage or contractor any *authorized agent of the claimant*. The claim **must be signed** before two witnesses **or** in the presence of the Assessor or his/her deputy.

This form is sent out in the middle of February of each year, and must be filled out and returned to qualify.

LEVELS OF EXEMPTION

Income

- 0 - \$30,000** Exempt from regular property taxes on the greater of \$60,000 or 60% of the valuation plus exemption from 100% of excess levies and retains a **Senior Frozen Value**.
- \$30,001 - \$35,000** Exempt from regular property taxes on the greater of \$50,000 or 35% of the valuation not to exceed \$70,000 plus exemption from 100% of excess levies and retains a **Senior Frozen Value**.
- \$35,001 - \$40,000** Exempt from 100% of excess levies and retains a **Senior Frozen Value**.

**Skamania County Assessor's Office
Gabe P. Spencer, Assessor
P O Box 790 ~ Stevenson, WA 98648
509-427-3720**