

SENIOR CITIZEN AND DISABLED PERSONS EXEMPTIONS FROM REAL PROPERTY TAXES  
2018 ASSESSMENT FOR 2019 TAXES

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----- WHITMAN COUNTY ASSESSOR'S USE ONLY -----  
LEVELS OF EXEMPTION

- \_\_\_ SC1 Income \$0-30000: Exempt from regular property taxes on \$60000 OR 60% of the valuation whichever is greater plus exemption from 100% of excess levy.
- \_\_\_ SC2 Income \$30001-35000: Exempt from regular property taxes on \$50000 OR 35% of the valuation whichever is greater plus exemption from 100% of excess levies.
- \_\_\_ SC3 Income \$35001-40000: Exempt from all excess levies.
- \_\_\_ Exemption Denied. (May be appealed to County Board of Equalization)

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JANUARY 1, 2018

NAME: \_\_\_\_\_ PARCEL NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

We are now accepting applications for the 2019 tax exemptions. Please complete the following questions about your estimated gross income for 2018 sign this form and return the form to the Assessor's Office no later than July 1, 2018.

All gross income from whatever source of the claimant, his/her spouse and any co-tenants must be reported. The actual amount expended for attendant care and medical aid may be deducted from veterans and military benefits. Non-reimbursed nursing home expenses/prescription drugs incurred by claimant or spouse may be deducted from gross income.

USE ESTIMATED 2018 INCOME: (CLAIM SUBJECT TO AUDIT BY DEPARTMENT OF REVENUE)

- |  |          |                               |           |
|--|----------|-------------------------------|-----------|
| 1. Social Security                           | \$ _____ | 6. All Other Income           | \$ _____  |
| 2. Pension, Annuities,<br>& Retirement bonds | \$ _____ | -----Deductible Expenses----- |           |
| 3. Interest & dividends                      | \$ _____ | 7. In-Home Care Exp -         | \$(_____) |
| 4. Wages                                     | \$ _____ | 8. Nursing Home Exp -         | \$(_____) |
| 5. Investment Income                         | \$ _____ | 9. Prescription Drugs -       | \$(_____) |
|  |          | 10. Medicare Premium -        | \$(_____) |

ESTIMATED TOTAL GROSS INCOME OF CLAIMANT, SPOUSE AND CO-TENANT FOR 2018

\$ \_\_\_\_\_

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Any person willfully giving false information on this application shall be subject to the perjury laws 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% penalty.

I swear under the penalties of perjury that I own and reside at this property and all the foregoing statements are true and correct.

X \_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date Received by Assessor

PLEASE INCLUDE A COPY OF THE FIRST PAGE OF YOUR FEDERAL INCOME TAX RETURN  
OR OTHER PROOF OF INCOME