



Senior Citizens/Persons with Disabilities Exemption from Real Property Taxes 2025 Income for 2026 Taxes

PLEASE READ THROUGH ENTIRE APPLICATION. **Check and fill out only the boxes which apply to you.** If you are unsure what to fill out, please reach out to a specialist! Email us at taxreduction@clark.wa.gov or call us at 564.397.2391.

Name + Mailing Address: _____

Physical Address: _____

Primary Phone : _____

Parcel/Account Number: _____

Secondary Phone : _____

Email Address: _____

If you provide an email, all related correspondence will be sent by email.

APPLICATION TYPE

- New Renew Change
- Transfer

MARITAL STATUS

- Single Married Divorced
- Separated (Living Apart)

1. AGE

- I was 61 years of age or older by Dec. 31st, 2025. My birth date is: _____
- My spouse/domestic partner was receiving this exemption but has passed away and I was at least 57 years of age by December 31 in the year of their death. My birth date is: _____

2. DISABILITY STATUS

- I was NOT 61 years of age or older by Dec. 31st, 2025. My birth date is: _____
- I am under 61 years of age and have received disability determination prior to December 31, 2025. The effective date of my disability is: _____
- I am under 61 years of age and a veteran with at least 80% service-connected evaluation or compensated at 100% rate due to my service-connected disability. The effective date of my disability is: _____

3. OWNERSHIP

- I owned this home as my primary residence by December 31st, 2025.
- I occupied this home as my primary residence for a minimum of 6 months in 2025
- My property is in a trust (*please attach a copy of your ENTIRE trust with your application*).

** For deceased co-owners still showing in ownership of the home, assessment records will be updated when a death certificate is provided.**

4. RESIDENCY AND OCCUPANCY

- Name of spouse, domestic partner, co-tenant, or co-owner: _____
- Birthdate of spouse, domestic partner, co-tenant, or co-owner: _____
- Names of co-owners who **DID NOT** reside in the house in 2025: _____
- Names of anyone in the house **other than applicant(s)** who contribute to household income but does not have ownership interest in the home. _____

5. ADDITIONAL PROPERTY INFORMATION

I owned more than 1 property in 2025. It was a: Rental Unoccupied Sold in 2025 Other

Additional Property Addresses or Parcel Numbers: _____

I have an Accessory Dwelling Unit (ADU) on my property: Yes No

I would like to include the ADU in my exemption: Yes No

If you checked YES, please describe the ADU: _____

House Bill 2375 defines an ADU as “a separate, autonomous residential dwelling unit that provides complete independent living facilities for one or more persons and includes permanent provisions for living, sleeping, eating, cooking, and sanitation.

6. INCOME

Did you file taxes for the year 2025? No Yes (if yes provide complete copy of tax return with all schedules)

Income Source	Yearly Amount	Type of Expense	Yearly Amount
Earned Wages, Salaries, Tips (from W-2)		Prescription drug cost (over \$500 proof required)	
Taxable and Non-taxable Interest & Dividends		Medicare health insurance premiums	
Pension and Annuities		Medicare supplemental health insurance premiums	
Taxable IRA Distribution		Health Insurance Cost sharing amount (out of pocket)	
Social Security		Long Term Care Insurance Premiums	
Railroad Retirement		In-home care expenses	
Income from Capital Gains (do not offset losses)		Nursing home, Boarding home or Adult Family Care	
Business Income		Washington Licensed Naturopathic Treatments	
Rental Income		Permanent and Disposable medical supplies	
Farm Income		Durable medical equipment, Mobility enhancing equipment and prosthetic devices	
Unemployment Received			
Alimony Received		Miscellaneous Adjustments from tax return (Schedule 1 page 2 excluding box 18)	
Gambling Winnings			
Foreign Income		Taxable and non-taxable household income is considered income for this program per RCW 84.36.383(2) & (7) Documentation is required for all income sources and allowed expense deductions (proof of payment)	
Co-Tenant Contribution to Household			
Veteran Retirement Pay			
Veteran Disability Pay			
All other Miscellaneous Income Received			

7. SIGNATURE

APPLICANT SIGNATURE:

DATE:

By signing this form, I confirm that I:

- **I have provided all required documentation with my application.** Your application will not be processed without this documentation. All income must be disclosed per RCW 84.36.383(4)(5), including income not taxed by the IRS, income from your spouse or domestic partner and all resident co-owners, and income contributed from outside sources or from others living in your home. Losses and depreciation cannot be deducted to reduce your income.
- **Understand it is my responsibility to notify you if I have a change in income or circumstances.** Any exemption granted through erroneous information is subject to the correct tax being assessed for the last 5 years, plus 100% penalty.
- **Declare under penalty and perjury that the information in this application packet is true and correct.**
- **Request a refund under the provision of RCW 84.69.020** for taxes paid or overpaid as a result of mistake, inadvertence, or lack of knowledge regarding exemption from paying real property taxes pursuant to RCW 84.36.381 through 389.

Step 1: Do I Qualify?

You may qualify in 2026 if all the following apply:

- You owned the home by December 31st of the assessment year
- You lived in the home 6+ months in the assessment year
- Your gross household income in 2025 was less than or equal to \$62,000.
- You are 61 or older or deemed disabled by the V.A or Social Security by December 31st, 2025

Step 2: Gather Your Documents

Please provide copies, not originals of:

Identification

- WA State Driver's License or ID Card.
- Other forms of Identification (birth certificate, voter's registration card)

Disability

- Disability award letter with date of disability (if under 61 years of age)

Income Verification

- Federal tax return with all schedules including 1099's for Pension and Social Security

If you did not file a Tax return

- Provide all W-2's and 1099's for interest, dividends, IRA, Pension, Social Security, and documentation for any other income sources received
- If income is less than \$12,000 provide bank statements for full year from all accounts showing all deposits
- If you purchased or sold a property in 2025, please provide sale and purchase papers for each property

Ownership Documentation

- Death certificate for any co-owners who passed away in 2025.
- If property is in a trust, provide copy of entire trust
- If you got a divorce in 2025, please provide a copy of the divorce decree to show who was awarded the home.

Medical Deductions

- Prescription costs over \$500
- Medicare and supplemental Medicare premiums, all parts
- In-home Care expenses
- Nursing Home or Adult Family Home Care expenses
- Out-of-pocket health insurance cost-sharing medical expenses
- Long term care insurance premiums
- Washington State Naturopathic Treatment expenses
- Medical equipment expenses, mobility-enhancing equipment expenses, prosthetic device expenses

Step 3: Fill out and Sign Application

Choose your application type:

- **New** – New to the program
- **Renewal** – Currently on the program and time to renew
- **Change** - Currently on program and there has been a change in Disability, income, residency, ownership
- **Reinstate** – Former applicant that was removed program for 1 year due to income.
- **Transfer** – Currently on program and moving exemption from existing home to new home.

Tip: remember to list all non-owners living in your home and any contributions to household expenses on your application.

Step 4: Submit Your Application

Mail or deliver your complete, signed application with all supporting documentation to:

In Person:

Clark County Public Service Center, 2nd
Floor 1300 Franklin St, Vancouver, WA,
98660

Mail:

Clark County Assessor's Office
P.O. Box 5000, Vancouver, WA 98666

Email:

taxreduction@clark.wa.gov

Phone:

564.397.2391

Call, email, or visit us with any questions or concerns regarding your application.

Step 5: Wait For Processing

Processing can take 12 weeks or more. Our team will reach out by mail or email (whichever method is selected on the application) with any questions or requests for more information. Please ensure to keep an eye on your preferred method of communication.

All supplemental forms are available at clark.wa.gov/assessor, under the heading "Forms and Documents" on the left-hand side.