

SENIOR CITIZEN/DISABLED/VETERAN PERSON(S) LOW INCOME CREDIT APPLICATION LAND OCCUPATION USE TAX

A low income credit reduces your Land Use and Occupation Tax amount by 60%. Eligibility for each year is based on the combined disposable income for the previous year, residency, age, and/or disability status.

See instructions below – incomplete applications will not be processed and will returned to the applicant.

DOCUMENTATION REQUIRED

You must provide documentation for all income and/or expenses listed, or this application will be returned to you.

If you file a tax return, this documentation must include a full copy of your tax return, and all documents used to prepare your return, such as Social Security statements, retirement or pension statements, disability payments, W-2 forms, 1040 forms and 1099 forms.

If you do not file a tax return, this documentation must include copies of your Social Security statement, retirement or pension statement, W-2 form and any 1099 forms.

You must also include documentation for any allowed out-of-pocket expenses you are deducting from your income.

If you have a disability, provide a copy of your Social Security award of disability letter, your Veterans Administration award of disability letter, or a current, physician-signed disability form noting the year the disability occurred and whether the disability is temporary or permanent.

Proof of age for applicants age 61 or older in the form of a valid government issued ID.

If you have any guestions, please contact the Tax & Licensing Division at (360) 716.4209.

INSTRUCTIONS

NUMBERS LISTED BELOW CORRESPOND TO THE NUMBER ON THE APPLICATION

- 1. **Type of Residence:** Mark the box that applies to you. If your residence is a mobile home, enter the year and the make or model of your mobile home.
- 2. **Type of Ownership:** Mark the box that applies to you. If you have a life estate you must attach a copy of that portion of the deed, lease or trust that shows the life estate. Provide the month and year you purchased your property and the year you first occupied your property.
- 3. **Taxpayer's Information**: Mark the box that applies to you. If "Yes", give most recent year received. Provide full name(s), physical address, mailing address, and date of birth.
- 4. **Parcel or Account Number:** You can find your parcel or account number in the upper left corner of your most recent tax statement.
- 5. **Certification of age** and/or disability. Mark the boxes that apply to you. (If you are disabled and under 61 years of age). Attach appropriate documentation as indicated.
- 6. **Taxpayer Annual Disposable Income:** Use PRIOR year's income and expense information for each taxpayer (includes spouse, co-tenant, domestic partner, etc if residing with primary taxpayer). Maximum allowed \$25,000. You must report from all income sources taxable and non-taxable. Attach documents as indicated; must be originals these will be returned to you. Combine each taxpayer's disposable income totals in 6C.



This claim is being filed with the Tulalip Tribes Tax & Licensing Division for LOUT payable under the provisions of Title 12.30. Any tax credit granted through erroneous information shall be subject to the correct tax being assessed for the last two years, including penalties and interest as set forth in Sections 8 and 9 of the LOUT regulations.

1. Type of		Tax & Licensing Division Use Only			
_	•	•	□ Non-residential Structure	Assessment	
			Make/Model:	Date Entered:	
2. Type of	Ownership cupy the res	Tax Year: <u>20</u>			
year imi	nediately pr	Tax amount \$			
credit. □ Owr	er (In total	Deferral amount: \$			
☐ Owner (In total, or by Mortgage or Contract Purchase)☐ Life Estate (must be created by deed)				Total taxes due: \$	
Month/Year	of Purchase	e:	Year Property Occupied:	Initial:	
3. Taxpayer(s) Information – All Lines MUST Be Completed Have you received in the past, the Senior Citizen/ Disabled/Veteran Person(s) LOUT 60% deferral or exemption on this parcel? ☐ No ☐ Yes - Most recent year received Taxpayer A Full Name: First Middle Last					
талрауст А	uli Name.	First	Middle	Last	
Taxpayer B	Full Name:	Firet	Middle	Last	
Physical Ad	dress:	1 1130			
Mailing Add	ess (if diffe	Address erent):	Address City Townsyer P. DOP:	Zip	
· ·	•		Address City	Zip	
Taxpayer A	DOB:		Taxpayer B DOB:		
4. Parcel of	r Account N	lumber:			
5. I, or each of us (if joint owners are filing) apply for 60% deferral on this property and certify the following (please check the appropriate box(es):					
☐ I am 61 years of age or older.					
☐ I am under 61 years of age, and disabled and unable to work because of my disability. Attach a					
current physician's statement attesting to your disability or attach a copy of your SS award letter.					
☐ I am a veteran with a 100% service-connected disability. Attach a copy of your VA award letter.					



Email: TLD@TULALIPTRIBES-NSN.GOV

Documentation Required For All Income and/or Deductions

6A. Gross Annual Income and/or Deductions of Taxpayer(s) (Claimant(s), Spouses, Co-Tenants, and/or

Domestic Partners). Maximum Allowed Income \$25,000					
TAXPAYER A INCOME A. Social Security [Box		TAXPAYER A DEDUCTIONS			
5 of your SS 1099's)	\$	(NON-REIMBURSED)			
B. Pension, Annuities and/or Retirement bonds	\$	A. Medicare Premiums ONLY Parts A, B, C or D & Medicare Advantage Premiums	\$ \$		
C. Interest, Exempt Interest Dividends and/or IRA withdrawals	\$	B. Nursing Home, Boarding Home Wages or Adult Family Home Costs	\$		
D. Wages	\$	C Adjustments to income on			
E. Capital Gains -Includes all gains from Schedule D or 1099's. Losses cannot offset gains.	\$	C. Adjustments to income on your Tax Return (line 36) except penalties for early withdrawals	\$		
F. Net Rental and/or		D. In-Home Care Expenses	\$		
Business Income - Excluding Depreciation No Losses allowed	\$	E. Prescription Drug Expenses	\$		
G. Disability Income (other than VA Benefits or Social Security payments)	\$	F. SUB-TOTAL FROM LINE F OF INCOME	\$		
H. Any other income	\$	G. DEDUCTIONS SUB-TOTAL	\$		
Tary outer moonie		Н. 20			
I. INCOME SUB-TOTAL	\$	DISPOSABLE INCOME (Income Less Deductions)	\$		



Documentation Required For All Income and/or Deductions

6B. Gross Annual Income and/or Deductions of Taxpayer(s) (Claimant(s), Spouses, Co-Tenants, and/or Domestic Partners). Maximum Allowed Income \$25,000

Domestic Partners). Maximum Allowed Income \$25,000				
TAXPAYER B INCOME A. Social Security [Box 5 of your SS 1099's)	\$	TAXPAYER B DEDUCTIONS (NON-REIMBURSED)		
B. Pension, Annuities and/or Retirement bonds	\$	A. Medicare Premiums ONLY Parts A, B, C or D & Medicare Advantage Premiums	\$ \$	
C. Interest, Exempt Interest Dividends and/or IRA withdrawals	\$	B. Nursing Home, Boarding Home Wages or Adult Family Home Costs	\$	
D. Wages	\$			
E. Capital Gains -Includes all gains from Schedule D or 1099's. Losses cannot offset gains.	\$	C. Adjustments to income on your Tax Return (line 36) except penalties for early withdrawals	\$	
F. Net Rental and/or Business Income - Excluding Depreciation No Losses allowed	\$	D. In-Home Care ExpensesE. Prescription Drug Expenses	\$ \$	
G. Disability Income (other than VA Benefits or Social Security payments)	\$	F. SUB-TOTAL FROM LINE F OF INCOME G. DEDUCTIONS SUB-TOTAL	\$ \$	
H. Any other income	\$	o. Debooriono cob rome	Φ	
I. INCOME SUB-TOTAL	\$	H. DISPOSABLE INCOME (Income Less Deductions)	\$	
6C. Gross Annual Income - Combined Disposable Income Total				

6C.	Gross Annual Income - Combined Disposable Income Total
	DISPOSABLE INCOME TOTAL FROM LINE H OF 6A \$
	DISPOSABLE INCOME TOTAL FROM LINE H OF 6B \$
	TOTAL DISPOSABLE ANNUAL DISPOSABLE INCOME \$



THE TAXPAYER(S) MUST SIGN BELOW AND INCLUDE A PHONE NUMBER. THE TAXPAYER'S SIGNATURE MUST BE WITNESSED BY TWO WITNESSES. If you have no one to witness your signature(s), you may present your application in person and an Employee of the Tax & Licensing Division will act as a witness. If someone other than the claimant is signing this document, please attach proof of authority, such as Power of Attorney.

I SWEAR UNDER THE PENALTIES OF PERJURY THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND THAT THE CREDIT SOUGHT IS FOR AN IMPROVEMENT OF WHICH IS MY PRIMARY RESIDENCE AND OCCUPIED BY ME FOR SEVEN OR MORE MONTHS A YEAR.

Signature of Taxpayer A or Power of Attorney (if applicable)	Date	Phone Number of Taxpayer A	
Signature of Taxpayer B or Power of Attorney (if applicable)	Date	()Phone Number of Taxpayer B	
Witness Name to Taxpayer A listed a	bove Date	Witness Signature	Date
Witness Name to Taxpayer B listed a	bove Date	Witness Signature	Date
Tax & Licensing Division	Date	<u> </u>	

Additional information is available https://www.tulaliptribes-nsn.gov/Visitors/TLD. If you have questions, please call the Tax & Licensing Division Office at (360) 716-4209. Return your completed application and all required documentation to: 6406 Marine Drive, Tulalip, WA 98271 – Attn Tax & Licensing.