



**SWINOMISH INDIAN
TRIBAL COMMUNITY**

Tax Authority
PO Box 679, La Conner, WA 98257
P: 360-542-7622
Tax@swinomish.nsn.us

EXEMPTION CLAIM FORM

Exemption Claim must be filed with Swinomish Tax Authority on or before
December 31st of the year prior to the year the taxes are due.

☐ Initial Exemption Claim **OR** ☐ Renewed Exemption Claim

Claimant's Name _____ Co-claimant's Name _____ Mailing Address _____ City, State, Zip _____ Phone No. _____	<i>Official Use Only</i> Assessment/Income Year _____ For Tax Year _____ ☐ Approved ☐ Denied
Do you have a mortgage lender? ☐ Yes ☐ No (If yes, complete section at right)	Mortgage lender name: _____ Address: _____ _____
Property Address _____ Parcel ID # _____	Are you currently using the Permanent Improvement as your Principal Place of Residence? ☐ Yes ☐ No (If yes, attach 2 utility bills with owner name/address)
Do you currently own the Permanent Improvement Outright (with or without a mortgage) ☐ Yes ☐ No Contract purchase ☐ Yes ☐ No Life estate ☐ Yes ☐ No <u>THIS INFORMATION WILL BE VERIFIED, INCLUDING BY PUBLIC RECORD SEARCH</u>	
Is the combined Household Gross Income forty-eight thousand dollars (\$48,000.00) or less? ☐ Yes ☐ No <u>IF NO, YOU DO NOT QUALIFY FOR ANY OF THE BELOW EXEMPTIONS</u> (If yes, attach copy of most recent Form 1040, 1040A, 1040EZ or other proof of combined Household Gross Income)	
AND ONE OF THE FOLLOWING:	
Are you currently receiving Social Security Disability payments? ☐ Yes ☐ No (If yes, attach copy of disability award letter from Social Security Administration)	
Are you sixty-one (61) years of age or older on December 31st of the Tax Year in which this exemption claim is filed? ☐ Yes ☐ No (If yes, attach copy of government issued photo ID and/or birth certificate with initial application only)	
Are you currently a veteran of the armed forces of the United States entitled to and receiving compensation from the United States Department of Veterans Affairs at a total disability rating for a service-connected disability? ☐ Yes ☐ No (If yes, attach copy of disability award letter from Department of Veterans Affairs with initial application only)	
Claimant date of birth: _____ Co-claimant date of birth: _____	

OR

OR

I declare under penalty of perjury that all of the foregoing information is true and correct.

_____ Claimant signature	_____ Date	_____ Co-claimant signature	_____ Date
_____ Printed Name of Claimant	_____ Date	_____ Printed Name of Co-claimant	_____ Date

17-11.120 (B)(1) states “The taxpayer claiming an exemption from the Trust Improvement Use and Occupancy Tax under this Section must have used or occupied the Permanent Improvement as a Principal Place of Residence during the Tax Year in which the Exemption is requested, and must continue to use the Improvement as his or her Principal Place of Residence for each Tax Year for which an Exemption is claimed.”

17-11.030 (Q) defines “Principal Place of Residence” as the location where a person claiming an exemption under this Chapter resided for at least 183 days during the calendar year during which the exemption is claimed.

17-11.120 (A)(7) states “If taxes, penalties, interest, charges or fees are owed and unpaid on December 31 of any Tax Year for which a taxpayer has an approved Exemption under this Section, that existing Exemption shall be terminated and no Exemption shall be in effect for the following Tax Year and for any subsequent Tax Year in which any such delinquent amounts remain unpaid. If taxes, penalties, interest, charges or fees are owed and unpaid on December 31 of any Tax Year for which a taxpayer has requested an Exemption under this Section, that pending application shall be denied.”

Declaration of Principal Place of Residence

I hereby declare under penalty of perjury that I currently use, and plan to continue to use, the above-referenced permanent improvement as my primary place of residence. I acknowledge and agree that should I discontinue use of the above-referenced permanent improvement as my primary place of residence, I must notify the Swinomish Tax Authority.

_____ Claimant signature	_____ Date	_____ Co-claimant signature	_____ Date
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