SWINOMISH INDIAN TRIBAL COMMUNITY

Tax Authority
PO Box 679, La Conner, WA 98257
P: 360-542-7622
Fax: 360-466-7396
Tax@swinomish.nsn.us

EXEMPTION CLAIM

Exemption Claim must be filed with Swinomish Indian Tribal Community
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 _____ Spouse Name _____ Mailing Address _____ City, State, Zip _____ Phone No. _____	*Official Use Only* Assessment/Income Year _____ For Tax Year _____ ☐ Approved ☐ Denied

Property Address _____ Swinomish Property ID # _____	Are you currently using the Permanent Improvement as your Principal Place of Residence? ☐ Yes ☐ No

Do you currently own the Permanent Improvement

Outright (with or without a mortgage)	☐ Yes	☐ No
Contract purchase	☐ Yes	☐ No
Life estate	☐ Yes	☐ No

THIS INFORMATION WILL BE VERIFIED, INCLUDING BY PUBLIC RECORD SEARCH

Is the combined Adjusted Gross Income of the household thirty-five thousand dollars ($35,000.00) or less?

AND

☐ Yes ☐ No : IF NO, YOU DO NOT QUALIFY FOR THE EXEMPTION

(If yes, attach copy of Form 1040, 1040A, 1040EZ or other proof of combined Adjusted Gross Income)

Are you currently receiving Social Security Disability payments?

AND

☐ 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?

OR

☐ Yes ☐ No

(If yes, attach copy of government issued photo ID and/or birth certificate)

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?

OR

☐ Yes ☐ No

(If yes, attach copy of disability award letter from Department of Veterans Affairs)

Date of birth: _____ Spouse date of birth: _____

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

_____	_____	_____	_____
Claimant signature	Date	Spouse signature	Date
_____	_____	_____	_____
Printed Name of Claimant	Date	Printed Name of Spouse	Date