

Tax Authority PO Box 679, La Conner, WA 98257 P: 360-542-7622 Fax: 360-466-7396

Tax@swinomish.nsn.us

2015 EXEMPTION CLAIM

Exemption Claim must be filed with Swinomish Indian Tribal Community by April 30, 2015.

	Initial Exemption Claim	OR Renewe	d E	xemption Claim		
	Claimant's Name Spouse Name Mailing Address			Official Use Only Assessment/Income Year For Tax Year		
	_			Torrax rear		
	City, State, Zip			□ Approved □ Denied Mortgage lender name: Address:		
	Phone No					
	Do you have a mortgage lender? ☐ Yes ☐ No (If yes, complete section at right)					
	Property Address		_	Are you currently using the Permanent Improvement as		
	Parcel ID #			your Principal Place of Residence? ☐ Yes ☐ No		
	Do you currently own the Permanent Improvement					
	Outright (with or without a mortgage) \square Yes \square No					
	1] No		
	Life estate					
	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	•	•	3?			
111,12	☐ Yes ☐ No: <u>IF NO, YOU DO NOT QUALIFY FOR THE EXEMPTION</u> (If yes, attach copy of Form 1040, 1040A, 1040EZ or other proof of combined Adjusted Gross Incomparison of the proof of the pro					
	Are you currently receiving Social Security Disability payments?					
AND						
	(If yes, attach copy of disability award letter from Social Security Administration)					
	Are you sixty-one (61) years of age or older on December 31 st , 2014?					
OR	□ Yes □ No					
920	(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					
OR	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)					
	Date of birth: Spouse date of birth:					
I declare under penalty of perjury that all of the foregoing information is true and correct.						
Claim	Claimant signature Date			Spouse signature	Date	
Printe	Printed Name of Claimant Date			Printed Name of Spouse	Date	