

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

## **Exemption Continuation Form**

If you are a taxpayer not eligible for a Senior, Disabled Veteran or Disabled Taxpayer Exemption but are otherwise exempt from State, County or local taxing district property tax, you are exempt from the tax provided for in the Swinomish Trust Improvement Use and Occupancy Tax to the same extent.

| Claimant's Name                                          |                                                | Officia                                                                                                                                                           | Official Use Only                                                                                                                                  |  |
|----------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Spouse Name  Mailing Address  City, State, Zip  Phone No |                                                | Assessment/Income Year For Tax Year  Approved                                                                                                                     |                                                                                                                                                    |  |
| Do you have a mortgage lend ☐ Yes ☐ No (If yes, comp     |                                                | Mortgage lender name: Address:                                                                                                                                    |                                                                                                                                                    |  |
| Property Address                                         |                                                | Place of Residence? ☐ Yes                                                                                                                                         | Do you still use the Permanent Improvement as your Primary Place of Residence?   Yes  No  (If yes, attach 2 utility bills with owner name/address) |  |
| Do you currently have an exe ☐ Yes ☐ No (If yes, ple     | •                                              | unty or local property taxes?  documents setting out the description a                                                                                            | and amount of your exemption.)                                                                                                                     |  |
| Gross Income. If you are a letter from Department of V   | veteran and are curr<br>Veterans Affairs. If y | 1040, 1040A, 1040EZ or other proor<br>rently recieving compensation, please<br>rou're currently recieving Social Secur-<br>rom the Social Security Administration | provide the disability award tiy Disability payments please                                                                                        |  |
| oplicant Signature                                       | Date:                                          | Spouse Signature                                                                                                                                                  | Date:                                                                                                                                              |  |
| inted Name of Applicant                                  | Date:                                          | Printed Name of Spouse                                                                                                                                            | 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**

| <u> </u>               | *                       | s my primary place of residence. Dove-referenced permanent improve | •    |
|------------------------|-------------------------|--------------------------------------------------------------------|------|
| primary place of resid | ence, I must notify the | Swinomish Tax Authority.                                           | ·    |
|                        |                         |                                                                    |      |
|                        |                         |                                                                    |      |
| Claimant signature     | <u></u><br>Date         | Co-claimant signature                                              | Date |

I hereby declare under penalty of perjury that I currently use, and plan to continue to use, the