



GRANT COUNTY ASSESSOR

P.O. Box 37 Ephrata, WA 98823 (509) 754-2011 EXT. 2683

Zero/Low Income Statement for Senior/Disabled Exemption Program

Claimant name: _____

Parcel #: _____

Did you or anyone living in the home receive any payments of money from any of the following income sources in the year _____:

- Social Security
- Disability
- Pension
- Wages
- Railroad Retirement
- Military or veterans retirement or disability benefits
- Trust, royalties, partnership or estates
- Public assistance, alimony, or unemployment benefits
- Interest or dividend receipts
- Business or farm income
- Rental Income
- Capital gains
- Annuity payments
- Gifts

Yes (circle one) No

If yes, please identify the sources and amounts.

If no, what is your income source for food, utilities, and daily living expenses?

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

(Claimant signature)

(Date)

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