



AFFIDAVIT OF INCOME AND APPLICATION FOR LIMITED INCOME SENIOR CITIZEN PASS

OFFICE USE ONLY		
PASS NO	DATE ASSIGNED	
RNWL	LOST	INITIAL

Pass No.:

I/we _____ and _____ do hereby swear under penalty of perjury that the income breakdown listed below is a true and accurate statement of my/our income for the previous full calendar year immediately preceding the date of this affidavit.

DECLARATION OF COMBINED INCOME for applicant and spouse.

Report combined gross annual income of yourself and spouse for the previous calendar year regardless of source. Do not include income for dependent children.

A Social Security income must be included, even if the applicant does not pay Federal Income Tax on this money.

Proof of age and residency must accompany this document

1. Total Social Security received for applicant and spouse. . . .	\$
2. Total federal civil service, railroad or military retirement. . . .	\$
3. Veterans benefits.	\$
4. Total of other retirements, pensions and annuities.	\$
5. Total wages, tips and consulting fees.	\$
6. Total unemployment, public assistance or disability income..	\$
7. Interest on state, federal and municipal bonds.	\$
8. All other interest received (savings, real estate contracts, etc.). .	\$
9. Total income from trusts, royalties, estates and dividends. . .	\$
10. Total income from rentals, farm, partnerships, business. . . .	\$
11. Total capital gains.. . . . (sale of applicant's residence shall not be considered as income if reinvested in a replacement residence within two years)	\$
12. All other income.	\$
13. Combined income of applicant and spouse (Add lines 1 - 12).	\$
14. Less amounts paid for treatment, care and/or drugs*.	\$
15. Total combined income of applicant and spouse (\$40,000 limit).	\$

*Paid by you or your spouse for (A) the treatment or care of either of you in the home or in a nursing home OR (B) for drugs supplied by prescription of a medical practitioner authorized by the laws of this state or another jurisdiction to issue prescriptions.

I understand that if any of the statements made on this application are false or inaccurate, I will lose the privileges granted by the Limited Income Senior Citizen Pass.	NOTARIZATION Does not require notarization if accompanied by Federal Tax Return or property tax exemption unless used as affidavit for age.
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1	SIGNED X	DATE	State of Washington, County of _____ I certify that I know of or have satisfactory evidence that
	BIRTHDATE	AGE	
2	SIGNED X	DATE	signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.
	BIRTHDATE	AGE	
MAILING ADDRESS			SIGNATURE OF NOTARY PUBLIC
CITY/STATE/ZIP			TITLE
TELEPHONE NUMBER			DATE APPOINTMENT EXPIRES

INSTRUCTIONS
(Please read carefully)

The Limited Income Senior Citizen Pass provides camping year-round at 50 percent off the camping fee. To meet the eligibility requirements of the program you must be at least 62 years old, a Washington State resident and have an annual income that does not exceed \$40,000, either singly or combined with a spouse. This includes Social Security income, even if the applicant does not pay income tax on it.

When the pass is issued it becomes a permanent pass, valid so long as the qualifying criteria continues to be met by the pass holder (i.e., you must remain a Washington state resident and your income cannot exceed the guidelines). A plastic card will be provided that will reflect the permanent status of the pass. It is the responsibility of the pass holder to return the pass to the Washington State Parks and Recreation Commission should they become ineligible.

In order to apply for a Limited Income Senior Citizen Pass, you will need to do the following by mail or in person at Olympia Headquarters:

1. Complete the affidavit of income form. Have it notarized only if you are using this form for income documentation or affidavit of age.
2. Provide proof of age and residency. Your Washington State Driver's License or I.D. will provide both. A copy of a birth certificate, notarized affidavit of age, witnessed statement of age or baptismal certificate may be used for proof of age. A copy of a valid Washington State Voter's Registration card or a Washington State Senior Citizen Property Tax Exemption may be used for proof of residency.
3. Provide documentation of your income breakdown by a copy of page one of your Federal Income Tax Return for the previous calendar year, or a copy of your Washington State Senior Citizen Property Tax Exemption. If you do not file a Federal Tax Return or have a Property Tax Exemption, the Affidavit of Income form we provide, once completed, notarized and returned to us, will be acceptable in lieu of other income documentation for pass issuance.
4. You cannot hold dual residency in another state with Washington.

Only the above documentation will be accepted as proof for issuance of your pass.

Because of the time lapse in imprinting the plastic cards, your new pass may take up to 30 days to reach you.

The information you provide is confidential and shall not be released by Washington state without your approval or a court order. Washington State Parks and Recreation Commission shall have the right and opportunity to examine your records as often as is reasonable to verify your eligibility for a pass. If any of the statements made on this application form are false or inaccurate, you will lose the privileges granted by the pass.

If you have questions, please call (360) 902-8844 or email info@parks.wa.gov. Please complete the Affidavit of Income on the reverse and mail with the appropriate documentation to:

Washington State Parks and Recreation Commission
1111 Israel Road SW
PO Box 42650
Olympia WA 98504-2650