

PROPERTY TAX APPLICATION

I, _____, am asking that the property tax discount be applied to the attached self-pay bill for services rendered to me or a family member. I understand that in order to qualify as a dependent, a person must be either the applicant's lawful spouse or dependent child. I further understand that the credit may be applied only to the portion of the billed charges that are not reimbursed directly or indirectly by a third party payer, that the amount of the credit is limited to the amount of the property taxes paid since the beginning of the tax year 20 __, and that **the amount of the credit may not exceed \$500.**

I have paid \$ _____ in property taxes for the benefit of Public Hospital District No. 1, Klickitat County, over the previous 12 months from my date of service.

The following is the web address to be able to access your property tax amount due and what you have paid.
<http://www.klickitatcountytreasurer.org/propertysearch.aspx>

I have attached to this application a copy of the appropriate evidence of the amount of property taxes paid for the benefit of the District, such as a copy of the related property tax statement from the county and receipt of payment or cancelled check.

I have attached a copy of the related statement that I am requesting to have the property tax credit applied to.

I certify under penalty of perjury that the above information is true and correct.

Dated this _____ day of _____, 20 ____

Name of Patient _____ Relation to Applicant _____

Signature of Applicant _____ Address _____

If you have questions about the Property Tax Credit program or application, please contact:

KVH Patient Financial Services
Office Hours: Monday – Friday, 8:00 AM – 5:00 PM
Christine (509) 773-1062
Tammy (509) 773-1015