AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Denied Senior Property Tax Exemption Hearing; Stev

Action Requested: Other Hearing on Senior Property Tax Exemption Denial

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Hearing regarding Senior Property Tax Exemption Denial - S. Eberhardt
Hearing must be conducted by 9/1/18 per the statute.

Fiscal Impact:

Submitted by: Liz Mense **Submitter's Email Address:** EMense@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 8/15/2018

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 8/16/18

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 8/16/2018 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 8/16/2018

( ) Consent Agenda (●) Regular Agenda ( ) Worksession Time Allotted: 15

Agenda Date: 8/21/2018

Revised April 2015

Gunnison County Assessor's Office
221 North Wisconsin Street, Suite A
Gunnison, CO 81230
970.641.1085

July 25, 2018

RECEIVED
BY: Ellison

Steve A. Eberhardt
PO Box 105
Parlin, CO 81239

Dear Mr. Eberhardt,

Thank you for your application for the Senior Property Tax Exemption. While processing your application, we noticed that you previously had a Grand Junction, Colorado mailing address on our records. As part of our confirmation process we also review voter registration records to verify residency. According to these records it appears that you are registered to vote in Delta County. This indicates that your primary residency is not in Gunnison County.

In order to qualify for the Senior Property Tax Exemption you must have owned *and occupied* your home in Gunnison County as your primary residence for 10 consecutive years. A person can only have one primary residence at a time. Based on this factor, you do not appear to meet the residency requirement for this exemption in 2018.

Consequently, the Assessor's Office must deny your application for the Senior Property Tax Exemption for the year 2018. If you wish to apply again later, we will reconsider your application at that time. You may also contest this denial by requesting a hearing before the County Board of Equalization (CBOE) no later than August 15, 2018. The CBOE can be contacted by phone at (970) 641-0248 or by mail at 200 E Virginia St, Gunnison, CO 81230.

Sincerely,

Vicki Hildreth
Deputy Assessor

I, Steve Gerhardt am requesting a hearing with the BOCC regarding the Senior Tax Exemption Program.

Steve Gerhardt
8/15/2018

Received
County Administration
8/15/18 9:57AM

Gunnison County
COLORADO

Gunnison County Administration
Phone: (970) 641–0248 • Fax: (970) 641–3061
www.GunnisonCounty.org

August 14th, 2018

Steve Eberhardt
PO Box 105
Parlin, CO 81239

Re: Senior Property Tax Exemption Denial - Eberhardt

Dear Property Owner,

The Gunnison County Board of Equalization will hear the above referenced petition regarding the Senior Property Tax Exemption denial on **Tuesday, August 21, 2018 beginning at 9:00AM**. Petitions will be heard in the order that they appear on the agenda. Agendas will be posted on the Gunnison County website at http://www.gunnisoncounty.org/177/Agendas-Minutes-Portfolios by Friday August 17, 2018 at 5:00pm. The hearing will be held in the Board of County Commissioners Meeting Room, located in the Gunnison County Courthouse at 200 E. Virginia Ave, 2nd Floor Gunnison, CO 81230. Please read the following information carefully: You may appear before the Board in person, via telephone conference call, appear with your representative, or have your representative appear on your behalf.

Please contact us at (970) 641-7600 or emense@gunnisoncounty.org prior to the hearing date to make a special request for a phone conference, if needed.

Sincerely,4373

Liz Mense

Liz Mense
Administrative Assistant III

Cc: Gunnison County Assessor's Office
Petitioner/Agent

SHORT FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL
15-DPT-AR
SE-003-01/17

RECEIVED
JAN 24 2018
In-person

County Name
Address
Address
Telephone and Fax Numbers

1. Identification of Applicant and Property

Applicant's First Name, Middle Initial, and Last Name	Social Security Number	Date of Birth
STEVE A. EBERHARDT	[redacted]	/1947

Property Address (number & street name)	Schedule or Parcel Number
6010 CTY RD. 771	3525-310-00-036 R007910

City or Town	State	Zip Code	Telephone Number
OHIO CITY	CO	81237	970 860-0944

Mailing Address (if different from property address)	Check box if ownership is held in a life estate.
P.O. BOX 105 PARLIN, CO. 81239	☐

2. Age, Occupancy, and Ownership Requirements

Each question must be answered "True" to qualify using this form.

As of January 1 of this year, I am at least 65 years old. ☑ **True** ☐ **False**

The owner of record for the property described above is either a) me, b) my spouse, or c) both of us. The property has been owned by one or both of us for at least **10 consecutive years** prior to January 1 of this year. During periods when the property was owned by my spouse and not by me, my spouse and I were married, and my spouse occupied the property as his or her primary residence. ☑ **True** ☐ **False**

I occupy the property described above as my primary residence, and I have done so for at least **10 consecutive years** prior to January 1 of this year. ☑ **True** ☐ **False**

3. Each additional person who occupies the property as his or her primary residence must be listed here.
(Attach an additional sheet if necessary.)

Person who also occupies property as primary residence	Spouse	Social Security Number
	☐ *Yes* ☐ *No*	
Person who also occupies property as primary residence		Social Security Number
Person who also occupies property as primary residence		Social Security Number

4. Affidavit and Signature

I declare, under penalty of perjury in the second degree (§ 18-8-503, C.R.S.), that the information I provided on this form and on any attachments is correct.

Signature: Steve A. Eberhardt Date: 1/24/18

Signer is: ☑ Applicant ☐ Spouse ☐ Guardian* ☐ Conservator* ☐ Attorney-in-fact*

* Authorization in the form of a court order or power of attorney is required.

Other Contact: NONE Telephone Number: _____
(relative, personal representative, etc.)

The assessor must be informed of any change in ownership or occupancy of the property within 60 days of when the change occurs.

Mail or deliver this form to your county assessor by **July 15.** We recommend you **obtain a receipt** when delivering the form in person, or mail the form by **certified mail.** You may also call the assessor prior to July 15 to ensure that it was received.

SENIOR PROPERTY TAX HOMESTEAD EXEMPTION SHORT FORM

A property tax exemption is available to qualifying senior citizens and the surviving spouses of those who previously qualified. There are three basic requirements to qualify: 1) The qualifying senior must be at least 65 years old on January 1 of the year in which he or she applies; 2) The qualifying senior must be the property owner of record and must have been so for at least 10 consecutive years prior to January 1; and 3) The qualifying senior must occupy the property as his or her primary residence and must have done so for at least 10 consecutive years prior to January 1.

For those who qualify, 50 percent of the first $200,000 of actual value of the applicant's primary residence is exempted. The state will reimburse the county treasurer for the lost revenue.

An applicant or married couple can apply for the exemption on **only one property** and that property must be his or her primary residence. Married couples and individuals who apply for the exemption on multiple properties will be denied the exemption on each property.

For the purpose of the exemption, "**primary residence**" is the place at which a person's habitation is fixed. A person can have only one primary residence at a time. If the applicant is registered to vote, the address used for voter registration is considered the primary residence. If the applicant is not registered to vote, the address listed on automobile registrations, income tax returns, or other legal documents may be considered evidence of the place of primary residency.

The property must be classified by the county assessor as residential. If the applicant owns a multiple dwelling unit property, the exemption will only be granted to the unit occupied by the applicant as his or her primary residence.

The **social security numbers** of the applicant and each additional person who occupies the property as his or her primary residence are required by law, §§ 39-3-205(2)(a)(I) and (III), and 8-2-128(2), C.R.S. They are used to ensure that no individual or married couple receives the exemption on more than one property.

Two application forms have been created for the exemption. The attached Short Form is intended for qualifying seniors who meet each of the requirements stated above, including those who meet the ownership requirement through ownership by their spouse. The Long Form must be used by individuals applying under the surviving spouse option and for applicants who fall within certain exceptions to the occupancy and ownership requirements.

The **surviving spouse** of an individual who previously qualified is someone who was married to a senior who met each of the application requirements on January 1 of the year of application. Qualifications for the surviving spouse option are listed under "Long Form Qualifications."

Exceptions to the occupancy and ownership requirements are as follows: 1) Ownership has been transferred to or purchased by a trust, corporate partnership or other legal entity solely for estate planning purposes; 2) The qualifying senior or his or her spouse was or is confined to a nursing home, hospital or assisted living facility; 3) The prior residence was condemned in an eminent domain proceeding by a government entity; or 4) The prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster.

The completed form must be submitted to the county assessor's office no later than **July 15.** If not filed by July 15, the assessor must accept late applications through August 15. However, applicants who file after July 15 will not have appeal rights. **You only need to apply for the exemption once and it remains in effect for subsequent years, as long as the property ownership and occupancy do not change.** Your county assessor has a brochure with additional information.

Short Form Qualifications

The application deadline for the attached Short Form is **July 15**. The form can be used by applicants who meet each of the following requirements.

- **Age Requirement:** You are 65 years old or older as of January 1 of the year for which you are seeking exemption.
- **Ownership Requirement:** You are the current owner of record and you have owned the property for at least 10 consecutive years prior to January 1 of the tax year for which you are seeking the exemption. You do not have to be the sole owner of the property. You can own it with your spouse or with someone else. You can also own a life estate in the property.

  If Your Spouse is/was the Owner of Record: For the purpose of the exemption, you are also considered an owner of the property for periods during which your spouse was the owner of record, if, during those periods, your spouse and you were married and your spouse also occupied the property as his or her primary residence.

- **Occupancy Requirement:** You occupy the property as your primary residence, and you have done so for at least 10 consecutive years prior to January 1 of this year.

Long Form Qualifications

If you qualify based on one or more of the following statements, you must use the long application form. The Long Form can be obtained from your county assessor. The deadline for applying is **July 15.**

Surviving Spouse Option: Did your spouse apply for and receive the exemption on your residence prior to passing away? Could your spouse have received the exemption on your residence had he or she applied? If so, you qualify as the surviving spouse if each of the following statements is true:

- On January 1 of this year, your husband or wife met the age, ownership, and occupancy requirements stated above under "Short Form Qualifications."
- You currently occupy the property as your primary residence, and you did so with your spouse.
- The property has been owned by you and/or your spouse for at least 10 consecutive years prior to January 1 of this year to present.
- If your husband or wife passed away prior to January 1, review the ***Surviving Spouse Option*** to see if you qualify.

Colorado Voter Registration Form

For office use only
Voter ID Number: _____
Date Stamp: RECEIVED SEP 20 2012 By _____

Fill out all fields marked with an asterisk (*). Follow the instructions for other fields. If you do not provide all of the required information, your application to register to vote will not be complete.

Your eligibility to vote

Are you a citizen of the United States?* Yes ☑ No ☐

Will you be at least 18 years of age on or before the next Election Day?* Yes ☑ No ☐

If you answered "No" to either of the above questions, do not complete this form.

Your name

Last name*	First name*	Middle name
EBERHARDT	STEVIE	ALLEN

If you are currently registered to vote with a different name, what is that name? _____

Your identifying information

Your birthdate* (MM/DD/YYYY) [redacted]/1947 Your gender Female ☐ Male ☑

You must select one of the following and provide the requested information*

☑ I have a valid Colorado Driver's License or Colorado ID card (issued by the Dept. of Revenue) and that number is [redacted]

☐ I have not been issued a Colorado Driver's License or ID card, but I have a Social Security Number & the last 4 digits are [redacted] - _____

☐ I do not have a Colorado Driver's License, ID card, or a Social Security Number.

Your contact information

Your home address

Street address (No P.O. Boxes)*	Apt. or Unit	City or Town*	ZIP Code*	Colorado County
1348 HWY 50		DELTA	81416	DELTA

When did you move to this address?* (MM/DD/YYYY) _____

Address where you receive your mail (required if different from your home address)

Mailing address	Apt. or Unit	City or Town	State	ZIP Code
P.O. Box 4353		GRAND JCT	CO	81502

Your former address

If you are changing your registration to a new address, you must provide the address where you were formerly registered to vote.

Street address (No P.O. Boxes)	Apt. or Unit	City or Town	State	ZIP Code
?				

Your phone number and email

Area code	Phone number	Email address
970	360-0944	[redacted]

Select or change your political party affiliation

Select only one. (Required if you want to vote in a party's Primary Election or participate in a party caucus).

American Constitution ☐ Americans Elect ☐ Democratic ☐ Green ☐ Libertarian ☐ Republican ☐ Unaffiliated ☑

Voting by mail - Do you wish to be designated as a permanent mail-in voter?

☑ Yes, I want to be a permanent mail-in voter and automatically receive a mail-in ballot for all applicable elections.

☐ No, I do not want to be a permanent mail-in voter and if my name is on the permanent mail-in list I want it removed.

☐ No, but I would like a mail-in ballot for this year's statewide elections.

If you want your mail-in ballot sent to an address that differs from the home or mailing address you listed above, you will need to fill out a separate Mail-in Ballot Application.

Helping with elections

I would like to be an election judge or poll worker Yes ☐ No ☑

Sign or mark below

WARNING: It is against the law to swear or affirm falsely as to your qualifications for voting in Colorado.

A violation of the self-affirmation, of which you are about to make, is a criminal act under Colorado law and you will be subject to the penalties provided by law.

Self-Affirmation: I do solemnly affirm that I am a citizen of the United States and that on the date of the next election I shall have attained the age of eighteen years and shall have resided in the state of Colorado at least 30 days and in my present precinct at least 30 days before the election. I further affirm that the present address I listed herein is my sole legal place of residence and that I claim no other place as my legal residence. I am aware that I can only legally vote in one place in any election and if I register to vote in Colorado I am also considered a resident of Colorado for income tax and motor vehicle registration and operation.

Sign here → Stevie Eberhardt 9/20/12

Signature or Mark* Date* Witness Signature Date

(If you are registering for a Mail-in Ballot and are unable to sign, you must make a mark and a witness to the mark must sign here).

SOS Approved 5-30-12 [Sections 1-2-204, 1-2-501, 1-8-104, C.R.S.]

COPY

Voting History

History is only available for certified elections

Help

Search

Election Date From To

Search Clear

Election Date	Description	Ballot Style	Party Voted	Status	Voting Method	County Voted
11/05/2013	2013 Delta County Coordi...	CNTY-SCH	No Data	Voted	Absentee Mail	Delta
11/06/2012	2012 Delta County Gener...	003-54	No Data	Voted	Absentee Mail	Delta

Ballot Details

Close

COPY

Colorado Voter Registration Form

Fill out all fields marked with an asterisk (*)

Eligibility

* Are you a citizen of the United States? ☑ Yes ☐ No If you answered "No", do not complete this form.

Name

* Last Name: GERHARDT
* First Name: STEVE
Middle Name: ALLEN
Suffix:

Identification

Provide your birth date and your identification information.

Remember to write your birth date below.

*MM [redacted] *DD [redacted] *YYYY 1947

☑ I have a valid CO Driver's License or ID card.
Write that number here: [redacted]

☐ I do not have a CO Driver's License or ID card.
Write the last four digits of your SSN here: X X X - X X - _ _ _ _

☐ I do not have a Colorado Driver's License, ID card, or a Social Security Number.

The address where you live

* Address (no P.O. Boxes): 6610 CTY RD 771
Unit Number:
* City or Town: OHIO CITY
State: CO
* Zip Code: 81237
Colorado County: GUNNISON

☐ I am homeless. This is a location I regularly return to. I have also provided a mailing address in Section

RECEIVED
AUG 06 2018
GUNNISON COUNTY
ELECTIONS DIVISION

The address where you receive mail

☐ Same as above
Address: P.O. BOX 105
City or Town: PARLIN
State: CO
Zip Code: 81239

The address to mail your ballot

The County will mail your ballot here until you say otherwise.

☐ Same as above
Address:
City or Town:
State:
Zip Code:

COPY

Political affiliation

Choose only 7a or 7b

I would like to be a member of the following political party:

☐ American Constitution ☐ Democratic ☐ Green ☐ Libertarian ☐ Republican ☐ Unity

☐ I would like to be Unaffiliated, but I want to receive the following party's ballot in the next primary election:

☐ All Major Parties' Ballots ☐ American Constitution ☐ Democratic ☐ Green ☐ Libertarian ☐ Republican ☐ Unity

Updating a current record?

If so, you must provide the applicable changes here.

☐ I am not updating a current record ☐ I am no longer overseas ☐ I am no longer absent from Colorado due to military service

Previous home address:
Previous legal name:
Previous mailing address:
Previous party affiliation:

Declaration

Warning: It is a Class 1 misdemeanor to swear or affirm falsely as to your qualifications to vote.

Self-Affirmation: I affirm that I am a citizen of the United States; I have been a resident of the state of Colorado for at least twenty-two days immediately prior to an election in which I intend to vote; and I am at least sixteen years old and understand that I must be eighteen years old to be eligible to vote. I further affirm that my present address as stated herein is **my sole legal place of residence**, that I claim no other place as my legal residence, and that I understand that I am committing a felony if I knowingly give false information regarding my place of present residence. I certify under penalty of perjury that I meet the registration qualifications; that the information I have provided on this application is true to the best of my knowledge and belief; and that I have not, nor will I, cast more than one ballot in any election.

* Signature or mark: Steve Gerhardt
* Date: 8/6/2018
Witness Signature:
Date:

If you are unable to sign, you must make a mark and have the mark witnessed by another person.

Optional information

Phone number with area code:
Gender Identity:
☐ I would like to be an election judge

I want to receive election information by email:
(You will not receive a ballot by email)
Email address: