

# PROPERTY TAX EXEMPTION APPLICATION FOR QUALIFYING VETERANS WITH A DISABILITY

***This is a confidential document***

**SEND APPLICATION TO:**

County Name  
Address  
Address  
Phone Number and Fax Number

**1. Identification of Applicant and Property**

Applicant's Name (First, Middle Initial and Last)		Social Security Number	
Property Address (Number and Street Name)		Schedule or Parcel Number (if known)	
City or Town	State <b>CO</b>	Zip Code	County
Mailing Address (if different from property address)		Telephone Number	Check box if ownership is held in a life estate. <input type="checkbox"/>

Email Address:

**2. Disabled Veteran Status (Both of the following statements must be true.)**

2A. I received a service-connected disability that has been rated by the federal department of veterans affairs as one hundred percent permanent through disability retirement benefits, which resulted from a service-connected injury sustained while serving on active duty in the Armed Forces of the United States, OR I am medically retired at 100%  
 True       False

2B. I have attached my VA award letter **or** my branch of service medical retirement letter, verifying my status as a one hundred percent permanent disabled veteran.  
 Yes, my VA award letter is attached (required)

**3. Ownership Requirements (One of the following statements must be true.)**

3A. Since January 1 of this year, the above-described property has been continuously owned by me and/or my spouse. If the property has been owned by my spouse and not by me, my spouse and I have been legally married and have lived in the property as our primary residence since January 1.  
 True       False

3B. Statement 3A would be true if not for the fact that ownership has been transferred to a trust, corporate partnership, or other legal entity solely for estate planning purposes.  
 True       False  
*(If 3B is true, you must complete either section 6 or section 7 on the back of this form.)*

**4. Occupancy Requirement (One of the following statements must be true.)**

4A. As of January 1 of this year, I have occupied the property described above as my primary residence, and neither I, nor my spouse, is receiving the senior citizen or the disabled veterans property tax Exemption on any other property in Colorado.  
 True       False

4B. Statement 4A would be true if not for the fact that I am confined to a hospital, nursing home, or assisted living facility.  
 True       False  
*(If 4B is true, you must complete section 8 on the back of this form.)*

**5. List each additional person who occupies the property as his/her primary residence.**

5A. Person who also occupies property as primary residence	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
5B.1 Person who also occupies property as primary residence		Social Security Number
5B.2 Person who also occupies property as primary residence		Social Security Number

5B.3 Person who also occupies property as primary residence	Social Security Number
5B.4 Person who also occupies property as primary residence	Social Security Number
5B.5 Person who also occupies property as primary residence	Social Security Number

**6. Complete this section if property is owned by a trust or an individual as trustee.**

6A. Name of Trust	
6B. Maker of Trust	6C. Trustee
6D.1 Beneficiary	6D.2 Beneficiary
6D.3 Beneficiary	6D.4 Beneficiary
6E. The property was transferred to the trust solely for estate planning purposes. Had the property not been Transferred, I and/or my spouse would be the owner(s) of record. <input type="checkbox"/> True <input type="checkbox"/> False	

**7. Complete this section if property is owned by a corporate partnership or other legal entity.**

7A. Name of Corporate Partnership or Legal Entity	
7B.1 Name of Principal	7B.2 Name of Principal
7B.3 Name of Principal	7B.4 Name of Principal
7C. The property was transferred to the corporate partnership or legal entity solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. <input type="checkbox"/> True <input type="checkbox"/> False	

**8. Complete this section if disabled veteran is confined to a nursing home, hospital, or assisted Living facility. (Also complete if spouse, not veteran, is owner and is confined to nursing home or similar facility)**

8A. Name of Confined Individual	8B. Location of Facility	8C. Dates Confined
8D. Since confinement, the property was occupied by either: a) the spouse of the person confined, b) a financial dependent, or c) the property remained unoccupied <input type="checkbox"/> True <input type="checkbox"/> False		

**9. Affidavit and Signature**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

(Relative or other contact)

**The County Assessor must be informed of any change in ownership or occupancy of the property within 60 days of such occurrence.**

Mail, FAX, or deliver this form to the County Assessor no later than **July 1**.

We recommend you **obtain a receipt** when delivering the form in person or by FAX or mail the form by **certified mail**.

You may contact the County Assessor after **September 1** to confirm the exemption has been applied to your property.