

**LONG FORM: PROPERTY TAX EXEMPTION FOR SENIORS**

**CONFIDENTIAL**

County Name

Address

Address

Phone Number and Fax Number

1. Applicant's first name, middle initial and last name	Social Security No.	Date of Birth
2. Property Address (number & street name)	Schedule or parcel number	
3. City or Town	State CO	Zip Code Telephone number
4. Mailing address (if different from property address)		

**5. Age and Occupancy Requirements (One of the following statements must be true.)**

5A. As of January 1 of this year, I am 65 years old, and I occupy the property listed above as my primary residence. I have occupied it as my primary residence for at least 10 consecutive years prior to January 1 of this year  True

5B. I am the surviving spouse of an individual who previously qualified for the exemption. Each of the following statements is true.

- a) My spouse passed away on or after January 1 of 2002; and
- b) My spouse was at least 65 years old on January 1 of the year he/she passed away; and
- c) My spouse occupied the property as his/her primary residence for at least 10 consecutive years prior to January 1 of the year he/she passed away; and
- d) My spouse occupied the property with me as his/her primary residence; and
- e) I currently occupy the property as my primary residence.
- f) I have not remarried.

**Each one of statements a) through f) is true.**  True

5C. If not for the fact that either I or my spouse was confined to a health care facility, or our prior residence was condemned in an eminent domain proceeding, one of the statements above would be true.

- 1)  Statement #5A would be true
- 2)  Statement #5B would be true

*(If #5A or #5B would be true, you must complete the appropriate section(s) on the back of this form.)*

**6. Ownership Requirement (One of the following statements must be true.)**

6A. The owner of record for the property described above is either a) I, 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. If my spouse is the owner of record, my spouse also occupies the property as his or her primary residence.  True

6B. Statement #6A 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, or my/our prior residence was condemned in an eminent domain proceeding.  True

*(if 6B. Is true, complete the appropriate section (s) on the back of this form.)*

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

7A. Person who also occupies property as primary residence	Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No.
7B. Person who also occupies property as primary residence		Social Security No.
7B. Person who also occupies property as primary residence		Social Security No.

**Please mail this form to your county assessor by July 15.**

**8. Complete this section if applicant or spouse was/is confined to a nursing home, hospital, or assisted living facility.**

8A. Name of confined individual	8B. Location	Dates confined
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8C. During confinement, the property was occupied by either a) the spouse of the person confined, b) a financial dependent, or c) the property remained unoccupied.  True

**9. Complete this section if prior residence was condemned in an eminent domain proceeding.**

9A. Street address of condemned property	9B. Dates of ownership of condemned property from: _____ to: _____
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9C. Dates condemned property was occupied as primary residence	9D. Approximate date of condemnation
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9E. Since condemnation, I have not owned and occupied any property as my primary residence other than the property for which I am applying for exemption.  True

9F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence.  True

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

10A. Name of Trust

10B. Maker of trust	10C. Trustee
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10D. Beneficiary	10D. Beneficiary
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10D. Beneficiary	10D. Beneficiary
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10E. 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.  True

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

11A. Name of Corporate Partnership or Legal Entity

11B. Name of Principal	11B. Name of Principal
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11B. Name of Principal	11B. Name of Principal
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11C. The property was transferred to a 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.  True

**12. 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Signer is:  Applicant  Spouse  Guardian  Conservator  Attorney-in-fact

If signer is guardian, conservator or attorney-in-fact, you must provide authorization in the form of a court order or power of attorney.

Other Contact: \_\_\_\_\_ 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.**