

SHORT FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL

1. Applicant's First Name, Middle Initial, and Last Name		Social Security Number	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 than property address)			

5. Age, Occupancy, and Ownership Requirements

Each question must be answered "True" to qualify using this form. If any question is false, please review the "Long Form Qualifications," on the back of this form, to see if you still qualify.

As of January 1 of this year, I am at least 65 years old. (If I am applying in late 2001 for the 2002 tax year, I will be at least 65 on January 1, 2002.) True False

I am the owner of record for the property described above, and I have been the owner of record for at least 10 consecutive years prior to January 1 of this year. (I either own the property myself, or I own it jointly, or as a tenant in common with another owner(s).) 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

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

Person who also occupies property as primary residence	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
Person who also occupies property as primary residence		Social Security Number
Person who also occupies property as primary residence		Social Security Number

7. 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 changes in ownership or occupancy of the property within 60 days of when the change occurs.

Please mail form to your county assessor by July 15.