

PROPERTY TAX EXEMPTION APPLICATION FOR QUALIFYING DISABLED VETERANS

This is a confidential document

(For CVA Official Use Only)

(01-2019)

SEND APPLICATION TO:

*Colorado Department of Military and Veterans Affairs
Division of Veterans Affairs
1355 S. Colorado Blvd, Bldg. C, Suite 113
Denver, Colorado 80222*

Phone: 303-284-6077 Fax: 303-284-3163

www.colorado.gov/vets

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 CO | Zip Code | County |
| Mailing Address (if different from property address) | | Telephone Number | Check box if ownership is held in life estate. <input type="checkbox"/> |

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.
 True False

2B. I have attached my VA award letter verifying my status as a one hundred percent permanent disabled veteran.
 Yes, my VA award letter is attached.

3. Ownership Requirement (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. Person who also occupies property as primary residence | | Social Security Number |
| 5B. 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. Beneficiary

6D. Beneficiary

6D. Beneficiary

6D. 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. True 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. Name of Principal

7B. Name of Principal

7B. Name of Principal

7B. 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. True 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

8B. Dates Confined

8C. 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. True 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 Colorado Division of Veterans Affairs 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 **August 1** to confirm the exemption has been applied to your property.