

PROPERTY TAX EXEMPTION APPLICATION FOR QUALIFYING DISABLED VETERANS

This is a confidential document
(For CVA Official Use Only)

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
<http://vets/DMVA/State/CO.US:8000>

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 United States Department of Veterans Affairs as one hundred percent permanent and total. The disability 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 the VA award letter that verifies my status as a one hundred percent permanent and total 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	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 **September 1** to confirm that the exemption has been applied to your property.