



Long Form: Property Tax Exemption for Seniors

Confidential

City and County of Denver
 Assessment Division
 201 West Colfax Ave., Department 406
 Denver, CO 80202
 Phone 720-913-4000 Fax: 720-913-4101

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 and Occupancy Requirements (One of the following statements must be true.)			
5A. As of January 1 of this year, I am at least 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.			<input type="checkbox"/> TRUE
5B. I am the surviving spouse of an individual who previously qualified for the exemption. All of the following statements are true. a) My spouse passed away on or after January 1, 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. Each one of statements a) through e) is true.			<input type="checkbox"/> 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) <input type="checkbox"/> Statement #5A would be true (also complete section #8 on the next page). 2) <input type="checkbox"/> Statement #5B would be true (also complete section #9 on the next page).			
6. Ownership Requirements (One of the following statements must be true.)			
6A. The owner of record for the property described above is either a) me, 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.			<input type="checkbox"/> 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. If #6B is true, fill out section(s) #9, #10 and/or #11 on the next page.			<input type="checkbox"/> TRUE
7. List each additional person who occupies the property as his/her primary residence. (Attach an additional sheet if necessary.)			
7A. Person who also occupies property as primary residence	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number
7B. Person who also occupies property as primary residence			Social Security Number
7C. Person who also occupies property as primary residence			Social Security Number

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	Date(s) Confined
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.		<input type="checkbox"/> 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: _____	
9C. Dates condemned property was occupied as primary residence	9D. Approximate date of condemnation	
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.		<input type="checkbox"/> TRUE
9F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence.		<input type="checkbox"/> 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	
10D. Beneficiary	10D. Beneficiary	
10D. Beneficiary	10D. Beneficiary	
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.		<input type="checkbox"/> 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	
11B. Name of Principal	11B. Name of Principal	
11C. 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
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: <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> 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 notified of changes in property ownership or occupancy within 60 days after the change occurs.

The deadline for mailing your form to the assessor is July 15.

You will be notified of the assessor's determination in writing by August 15.

We strongly advise you to send your application by Registered or Certified mail so you have proof of a timely filing.

Or, you can deliver your application in person to the Assessor's Office and receive a receipt.