

DENVER PROPERTY TAX RELIEF APPLICATION

This application is for homeowners. If you are a renter, please download the application for renters.

Applications for the Denver Property Tax Relief Program must be submitted between May 1, 2021 and April 30, 2022. You must meet the following criteria to be eligible for the program:

- You must have turned 65 years of age or older during 2020, **or** have been disabled all of 2020, **or** have a dependent minor child who resided with you all of 2020; **and**
- You must have owned the property that you lived in throughout 2020, within the City and County of Denver, and paid your 2020 property taxes.

FOR APPLICANT ONLY: PLEASE COMPLETE ALL SECTIONS

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	DID YOU LIVE IN THE HOUSEHOLD ALL OF 2020?	WERE YOU DISABLED ALL OF 2020?
DATE OF BIRTH (MONTH, DAY, YEAR)	EARNINGS/WAGES	SOCIAL SECURITY BENEFITS	OTHER INCOME	
MAILING ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)			PHONE NUMBER	

HOUSEHOLD MEMBERS OVER 18 CONTRIBUTING TO HOUSEHOLD EXPENSES

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH (MM/DD/YYYY)	DISABLED ALL OF 2020?
LIVED IN HOUSEHOLD ALL OF 2020?	RELATIONSHIP TO APPLICANT	EARNINGS/WAGES	SOCIAL SECURITY INCOME	OTHER INCOME

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH (MM/DD/YYYY)	DISABLED ALL OF 2020?
LIVED IN HOUSEHOLD ALL OF 2020?	RELATIONSHIP TO APPLICANT	EARNINGS/WAGES	SOCIAL SECURITY INCOME	OTHER INCOME

HOUSEHOLD DEPENDENTS UNDER AGE 18

NAME (LAST, FIRST, MIDDLE INITIAL)	LIVED IN THE HOUSEHOLD ALL OF 2020	SOCIAL SECURITY NUMBER
WAGES/INCOME/SOCIAL SECURITY	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (MM/DD/YYYY)

NAME (LAST, FIRST, MIDDLE INITIAL)	LIVED IN THE HOUSEHOLD ALL OF 2020	SOCIAL SECURITY NUMBER
WAGES/INCOME/SOCIAL SECURITY	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (MM/DD/YYYY)

NAME (LAST, FIRST, MIDDLE INITIAL)	LIVED IN THE HOUSEHOLD ALL OF 2020	SOCIAL SECURITY NUMBER
WAGES/INCOME/SOCIAL SECURITY	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (MM/DD/YYYY)

PLEASE LIST THE COMPLETE ADDRESSES OF ALL PLACES YOU LIVED IN 2020

ADDRESS, CITY, STATE, ZIP CODE	RENT OR OWN	START DATE MONTH, DAY, YEAR	END DATE MONTH, DAY, YEAR

**I AFFIRM THAT THE INFORMATION I'VE PROVIDED ON THIS APPLICATION IS,
TO THE BEST OF MY KNOWLEDGE, TRUE, CORRECT AND COMPLETE.**

*FURTHER PROOF OF ELIGIBILITY MAY BE REQUIRED TO PROCESS YOUR APPLICATION. PLEASE NOTE, PROCESSING YOUR APPLICATION AND MAILING
YOUR CHECK (IF APPROVED) MAY TAKE SEVERAL MONTHS.*

APPLICANT SIGNATURE

DATE

TO BE COMPLETED BY DENVER HUMAN SERVICES

DATE APPLICATION RECEIVED: _____

APPLICATION NUMBER: _____

DID THE HOMEOWNER PAY ALL PROPERTY TAXES?

YES

NO

IF YES, AMOUNT: _____

APPLICATION IS:

APPROVED

DENIED

PENDING

IF DENIED, REASON: _____

IF PENDING, REASON: _____

LETTER SENT DATE: _____

PROCESSED BY: _____