LONG FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL

County Name

		Address Address					
SE001-03/0508			ımber and Fax N	lumber			
1. Identification of Applicant and Property							
Applicant's First Name, Middle Initial and Last Name		So	Social Security No		Date of Birth		
Property Address (number & street name)		Schedule or Parcel Number					
City or Town	State	Z	ip Code	Tele	ephone Number		
Mailing Address (if different than property address)	1 60	1		Check Box if Ownership is Held in a Life Estate.			
2. Age and Occupancy Requirements (One	e of the fo	ollowing s	tatements mu	ist be tr	ue.)		
2A. As of January 1 of this year, I am 65 years old, and residence. I have occupied it as my primary reside of this year.	ence for at 1	east 10 con	secutive years p	rior to Ja	nuary 1		
2B. I am the surviving spouse of an individual who pre following statements is true. a) My spouse passed away after December 31, 200 b) My spouse was at least 65 years old on January c) My spouse occupied the property as his or her p January 1 of the year he or she passed away; and)1; and 1 of the year orimary resi	ar he or she	passed away; a	nd			
d) I occupied the property with my spouse as our primary residence; and e) I currently occupy the property as my primary residence; and f) I have not remarried. Each one of statements a) through f) is true. True					Date of birth of spouse who previously qualified		
2C. 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) Statement #2A would be true 2) Statement #2B would be true (If #2A or #2B would be true, you must complete either section #5 or section #6 on the back of this form.)							
3. Ownership Requirement (One of the following the followi				·			
3A. The owner of record for the property described about property has been owned by one or both of us for a During periods when the property was owned by n and my spouse occupied the property as his or her	ove is eithe at least 10 c ny spouse a	r a) me, b) consecutive and not by r	my spouse, or c) years prior to Ja	nuary 1 o	of this year.		
3B. Statement #3A would be true if not for the fact that partnership or other legal entity solely for estate plin an eminent domain proceeding. (If #3B is true, complete either section #7 or section	anning pur	poses, or m	y/our prior resid				
4. List each additional person who occupies the property as his or her primary residence.							
4A. Person who also occupies property as primary resid			Spouse Yes No		Security Number		
4B. Person who also occupies property as primary resid	dence		1 - 1 - 1	Social	Security Number		
4B. Person who also occupies property as primary resid	dence			Social	Security Number		

Complete this section if applicant or spouse assisted living facility.	was/is confined to a nursing h	ome, hospital, or			
5A. Name of Confined Individual	5B. Location	5C. Dates Confined			
5D. During confinement, the property was occupied by either or c) the property remained unoccupied.	<u> </u>) a financial dependent, rue			
6. Complete this section if prior residence was	condemned in an eminent don	nain proceeding.			
6A. Street address of condemned property	6B. Dates of ownership of condemned property from:				
6C. Dates condemned property was occupied as primary residence	6D. Approximate date of condemnation				
6E. Since condemnation, I have not owned and occupied any for which I am applying for exemption.	T	rue			
6F. If condemnation of the prior residence had not occurred		my primary residence. rue			
7. Complete this section if property is owned by	y a trust or an individual as tru	stee.			
7A. Name of Trust					
7B. Maker(s) of Trust	7C. Trustee				
7D. Beneficiary	7D. Beneficiary				
7D. Beneficiary	7D. Beneficiary				
7E. The property was transferred to the trust solely for estate I and/or my spouse would be the owner(s) of record.		ot been transferred,			
8. Complete this section if property is owned by	y a corporate partnership or ot	her legal entity.			
8A. Name of Corporate Partnership or Legal Entity					
8B. Name of Principal	8B. Name of Principal				
8B. Name of Principal	8B. Name of Principal				
8C. The property was transferred to the corporate partnership property not been transferred, I and/or my spouse would		g purposes. Had the rue			
9. Affidavit and Signature					
I declare, under <u>penalty of perjury</u> in the second degree (§ provided on this form and on any attachments is correct.	§ 18-8-503, C.R.S.), that the informati	on			
Signature:	Da	ite:			
Signer is:	Guardian* Conservator*	Attorney-in-fact			
* Authorization in the form of a court order or power of attor		·			
Other Contact:	Telephone Number:				
(relative, personal representative, etc.)					
The County Assessor must be informed of any change in days of such occurrence.	ownersnip or occupancy of the proper	rty within 60			
Mail, FAX, or deliver this form to your County Assessor by J	July 15 We recommend you obtain a r	acaint			
when delivering the form in person, or mail the form by certi	·	-			
to ensure that your application was received.		-			