

PROPERTY TAX EXEMPTION APPLICATION
SURVIVING SPOUSE OF A VETERAN WITH A DISABILITY

This is a confidential document

SEND APPLICATION TO:

*Delta County
375 W 6th St
Delta, CO 81416
(970)874-2120*

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 this box if ownership is held in a life estate. <input type="checkbox"/>
Email Address (Optional):			

2. Qualifying Surviving Spouse Status (All of the following statements must be true.)

2A. I am the surviving spouse of a veteran with a disability and I have not remarried..
<input type="checkbox"/> True <input type="checkbox"/> False
2B My spouse passed away before January 1 of the current year.
<input type="checkbox"/> True <input type="checkbox"/> False
2C My spouse qualified for and received the veterans with a disability property tax exemption prior to their death.
<input type="checkbox"/> True <input type="checkbox"/> False

3. Ownership Requirements (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.	
<input type="checkbox"/> True <input type="checkbox"/> 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.	
<input type="checkbox"/> True <input type="checkbox"/> 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 I, am not receiving the senior citizen or the disabled veterans property tax exemption on any other property in Colorado.	
<input type="checkbox"/> True <input type="checkbox"/> 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.	
<input type="checkbox"/> True <input type="checkbox"/> 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.1 Person who also occupies property as primary residence	Social Security Number
5A.2 Person who also occupies property as primary residence	Social Security Number
5A.3 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.1 Beneficiary

6D.2 Beneficiary

6D.3 Beneficiary

6D.4 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.1 Name of Principal

7B.2 Name of Principal

7B.3 Name of Principal

7B.4 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 surviving spouse is confined to a nursing home, hospital, or assisted Living facility.

8A. Name of Confined Individual

8B. Location of Facility

8C. Dates Confined

8D. Since confinement, the property was occupied by either: a) a financial dependent, or b) 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 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, occupancy or eligibility requirements within 60 days of such occurrence.

Mail, FAX, or deliver this form to the County Assessor 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 the exemption has been applied to your property.