

QUALIFIED SENIOR PRIMARY RESIDENCE CLASSIFICATION

CONFIDENTIAL

Applications for the property classification must be submitted to your county assessor's office by **March 15**. Applications should not be returned to the Division of Property Taxation. Applications sent to the incorrect address or agency may delay or cause problems with processing your application.

1. Identification of Applicant and Property

Applicant's First Name, Middle Initial and Last Name		Social Security Number	Date of Birth
Property Address (number & street name)		Schedule or Parcel Number	
City or Town	State CO	Zip Code	Telephone Number
Mailing Address (if different than property address)		Check box if ownership is held in a Life Estate <input type="checkbox"/>	

2. Occupancy Requirement (One of the following statements must be true.)

2A. As of January 1 of 2020, I received the Senior Exemption on a residential property in the state of Colorado and I have now established my primary residence at the address listed on this application. (If applicant or spouse is confined to a nursing home, hospital or assisted living facility, complete section 5.)

True

2B. I am the surviving spouse of an individual who previously qualified for the senior exemption. Each of the following statements are true:

- a) My spouse previously received the senior exemption at a prior Colorado residence as of January 1, 2020; and
- b) My spouse occupied this property as their primary residence prior to passing away; and
- c) I occupied the property with my spouse as our primary residence; and
- d) I currently occupy the property as my primary residence; and
- e) I have not remarried.

If EACH of the statements above are true, check here:

True

2C. Location of previously approved senior exemption

Address (number & street name)		County
City or Town	State CO	Zip Code

3. Ownership Requirement (One of the following statements must be true.)

3A. The owner of record for the property described above is either: a) me b) my spouse or c) both of us.

During periods when the property was owned by my spouse and not by me, my spouse and I were married and my spouse occupied the property as their primary residence.

True

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.

If 3B is true, complete section 6 or 7 on the back of this form.

True

4. List each additional person who occupies the property as his or her primary residence.

4A. Person who also occupies property as primary residence	Spouse	Social Security Number
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
4B.1 Person who also occupies property as primary residence	Social Security Number	
4B.2 Person who also occupies property as primary residence	Social Security Number	

5. Complete this section if applicant or spouse was/is confined to a nursing home, hospital, or assisted living facility.

5A. Name of Confined Individual	5B. Location	5C. Dates Confined
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5D. 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. **True**

6. Complete this section if property is owned by a trust or an individual as trustee.

6A. Name of Trust	6B. Maker(s) of Trust
6C. Trustee(s)	6D.1 Beneficiary
6D.2 Beneficiary	6D.3 Beneficiary (attach additional sheets if necessary)

6E. The property was transferred to the above-named 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**

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 (attach additional sheets if necessary)

7C. The property was transferred to the above-named partnership or 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**

8. 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 and must be attached to this application.

Other Contact (relative, representative, etc.): _____ Telephone Number: _____

You must inform the County Assessor of a change in property ownership or occupancy within 60 days of such change.

Apply to the county assessor in the county where the property is located by March 15.