

PROPERTY TAX EXEMPTION APPLICATION FOR GOLD STAR SPOUSE

This is a confidential document

SEND APPLICATION TO:

(For Official Use Only)

County Name

Address

Address

Phone Number and Fax Number

1. Identification of Applicant and Property

Applicant's Name (First, Middle Initial and Last)

Social Security Number (Required)

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 box if ownership is held in a life estate. ☐

Email Address:

2. Gold Star Spouse *(Both of the following statements must be true.)*

2A. I am the Surviving Spouse of a U.S. Armed Forces service member who died in the line of duty or the veteran's death resulted from a service-related injury or disease and I have not remarried. ☐ **True**

2B. I have attached my VA award letter verifying my status as a Gold Star Spouse. Or I have attached my letter from the Department of Defense stating I am a Gold Star Spouse. I understand that I must provide this documentation for this application to be processed.
(*Do not include other documents such as a DD214 or VA Compensation letter) ☐ **True**

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

3A. Since January 1 of this year, this property has been continuously owned by me and/or my spouse. If the property has been owned by my spouse and not by me, my spouse and I have been legally married and have lived in the property as our primary residence since January 1 of this year. ☐ **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, or my prior residence was condemned in an eminent domain proceeding or was destroyed or otherwise rendered uninhabitable by a natural disaster. (If 3B is true, complete section 7, 8, 9 or 10 on the back of this form.) ☐ **True**

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 veteran with a disability property tax exemption on any other property in Colorado. ☐ **True**

4B. Statement 4A would be true if not for the fact that I was confined to a health care facility, or my prior residence was condemned in an eminent domain proceeding, or my prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster. If any of these circumstances apply, complete section 6, 7 or 8 (as applicable) on the back of this form. ☐ **True**

5. List each additional person who occupies the property as his/her primary residence.

(You are required to list the valid social security number for each additional person living at this 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 applicant was/is confined to a nursing home, hospital, or assisted living facility.

6A. Name of Confined Individual	6B. Location	6C. Dates Confined
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6D. 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

7. Complete this section if prior residence was condemned in an eminent domain proceeding.

7A. Street address of condemned property	7B. Dates of ownership of condemned property from: to:
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7C. Dates property was occupied as primary residence from: to:	7D. Approximate date of condemnation
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7E. Since the condemnation of my prior residence, I have not owned and occupied any property as my primary residence other than the property for which I am applying for exemption. ☐ True

7F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence. ☐ True

8. Complete this section if prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster.

8A. Street address of destroyed property	8B. Dates of ownership of destroyed property From: To:
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8C. Dates property was occupied as primary residence From: To:	8D. Date property was destroyed by natural disaster
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8E. If the destruction of the prior residence had not occurred, the destroyed property would still be my primary residence. ☐ True

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

9A. Name of Trust	9B. Maker(s) of Trust
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9C. Trustee(s)	9D.1 Beneficiary
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9D.2 Beneficiary	9D.3 Beneficiary (attach additional sheets if necessary)
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9E. 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

10. Complete this section if property is owned by a corporate partnership or other legal entity.

10A. Name of Corporate Partnership or Legal Entity	10B.1 Name of Principal
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10B.2 Name of Principal	10B.3 Name of Principal (attach additional sheets if necessary)
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10C. 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

11. 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.

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.