

# 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<br>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, 2020 (or later), I received the Senior Exemption on a residential property in the state of Colorado. I have now established my primary residence on or before January 1st of this year at the address listed in section 1 of 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 (or later); 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) As of January 1st I currently occupy the property listed in section 1 of this application 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<br>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 <input type="checkbox"/> Yes | Social Security Number |
| 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 |
|---------------------------------|--------------|--------------------|

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.