



File no later than July 15

LONG FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL

All applicants MUST complete sections 1 through 8 and 13.

1. Applicant's First Name, Middle Initial, and Last Name		Social Security Number	Date of Birth
2. Legal Description of Property			Schedule Number
3. City or Town	State	Zip Code	Telephone Number
4. Mailing Address			5. Check box if ownership is held in a life estate. <input type="checkbox"/>
6. Age and Occupancy Requirements (One of the following statements must be true.)			
6A. As of January 1 of this year, I am at least 65 years old, and I occupy the property listed above as my primary residence. I have occupied it as my primary residence for at least 10 consecutive years prior to January 1 of this year.		<input type="checkbox"/> True	<input type="checkbox"/> False
6B. I am the surviving spouse of an individual who previously qualified for the exemption. Each of the following statements is true.			
a) My spouse passed away on or after January 1, 2002; and		<input type="checkbox"/> True	<input type="checkbox"/> False
b) My spouse was at least 65 years old on January 1 of the year he/she passed away; and		<input type="checkbox"/> True	<input type="checkbox"/> False
c) My spouse occupied the property as his/her primary residence for at least 10 consecutive years prior to January 1 of the year he/she passed away; and		<input type="checkbox"/> True	<input type="checkbox"/> False
d) My spouse occupied the property with me as his/her primary residence; and		<input type="checkbox"/> True	<input type="checkbox"/> False
e) I currently occupy the property as my primary residence; and		<input type="checkbox"/> True	<input type="checkbox"/> False
f) I have not remarried.		<input type="checkbox"/> True	<input type="checkbox"/> False
If a, b, or f is false, you DO NOT qualify as a surviving spouse. If c, d, or e is false, you MAY still qualify (see 6C).			
6C. 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. (If 6A or 6B would be true, you must complete section(s) 9 and/or 10 on the back of this form.)		1) <input type="checkbox"/> 6A would be true	2) <input type="checkbox"/> 6B would be true
7. Ownership Requirements (One of the following statements must be true.)			
7A. The owner of record for the property described above is a) me, b) my spouse, or c) both of us. The property has been owned by one or both of us for at least 10 consecutive years prior to January 1 of this year. During periods when the property was owned by my spouse and not me, my spouse and I were married and my spouse occupied the property as his or her primary residence.		<input type="checkbox"/> True	<input type="checkbox"/> False
7B. Statement 7A 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/our prior residence was condemned in an eminent domain proceeding. (If 7B is true, you must complete section(s) 10, 11 and/or 12 on the back of this form.)		<input type="checkbox"/> True	<input type="checkbox"/> False
8. Each additional person who occupies the property as his/her primary residence <u>must</u> be listed here. (Attach an additional sheet if necessary.)			
8A. Person who also occupies property as primary residence		Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
8B. Person who also occupies property as primary residence			Social Security Number
8B. Person who also occupies property as primary residence			Social Security Number

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

9A. Name of confined individual	9B. Location	9C. Dates Confined
9D. During confinement, the property was occupied by a) the spouse of the person confined, b) a financial dependent, or c) the property remained unoccupied. <input type="checkbox"/> True <input type="checkbox"/> False		
<i>This statement MUST be true.</i>		

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

10A. Street address of condemned property	10B. Dates of ownership of condemned property from: _____ to: _____
10C. Dates condemned property was occupied as primary residence	10D. Approximate date of condemnation
10E. Since condemnation, I have not owned and occupied any property as my primary residence other than the property for which I am applying for exemption. <input type="checkbox"/> True <input type="checkbox"/> False	
10F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence. <input type="checkbox"/> True <input type="checkbox"/> False	

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

11A. Name of Trust	
11B. Maker(s) of Trust	11C. Trustee
11D. Beneficiary	11D. Beneficiary
11D. Beneficiary	11D. Beneficiary
11E. 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. <input type="checkbox"/> True <input type="checkbox"/> False	

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

12A. Name of Corporate Partnership or Legal Entity	
12B. Name of Principal	12B. Name of Principal
12B. Name of Principal	12B. Name of Principal
12C. The property was transferred to the corporate partnership solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. <input type="checkbox"/> True <input type="checkbox"/> False	

13. Affidavit and Signature

I declare, under penalty of perjury in the second degree (18-8-503, C.R.S.), that the information I provided on this form and on any attachment is correct.

Signature: _____ Date: _____

Signer is: Applicant Spouse Guardian Conservator Attorney-in-fact

If signer is guardian, conservator or attorney-in-fact, you must provide authorization in the form of a court order or power of attorney.

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

The assessor **must be informed** of any changes in ownership or occupancy of the property **within 60 days** of when the change occurs.

Mail or deliver this form to the Summit County Assessor’s Office by **July 15**.
We recommend you **obtain a receipt** when delivering the form in person, or mail the form by **certified mail**.