

# PROPERTY TAX EXEMPTION FOR THE SURVIVING SPOUSE OF A PREVIOUSLY QUALIFIED DISABLED VETERAN – APPLICATION AND INSTRUCTIONS

In 2014 Colorado’s legislature expanded the Disabled Veterans Property Tax Exemption to include the surviving spouse of a prequalifying disabled veteran. The surviving spouse must be the owner-occupier of the residence of a qualifying disabled veteran who previously received the exemption and who passed away.

**APPLICATION AND ELIGIBILITY REQUIREMENTS:**

- The applicant must be the owner-occupier of the property.
- The applicant must be the surviving spouse of a veteran who passed away prior to January 1 of the current year.
- The veteran to whom the applicant was married must have applied for and been granted the disabled veterans property tax exemption as provided by § 39-3-203(1.5)(a), C.R.S., prior to his or her death.

**APPLICATION INSTRUCTIONS**

- 1. Identification-** Identify the surviving spouse and property in this section. The applicant’s social security number is required per § 39-3-205(2)(a)(I), C.R.S.
  
- 2. Qualifying Surviving Spouse Status-** To qualify, the statements in this section must be true. Read the statements, confirm all are true, and check the boxes.
  
- 3. Ownership and Occupancy Requirement-** To qualify the statements in this section must be true. Read the statement, confirm it is true, and check the box.
  
- 4. Affidavit and Signature-** Read the declaration and sign and date the form where indicated. Submit the form to the county assessor where the property is located by July 1.

## PROPERTY TAX EXEMPTION APPLICATION FOR SURVIVING SPOUSE OF A QUALIFYING DISABLED VETERAN

|                     |   |
|---------------------|---|
| <b>CONFIDENTIAL</b> | County name<br>Address<br>Address<br>Phone, fax and email |
|---------------------|---|

***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<br><b>CO</b> | Zip Code                             | County |
| Mailing Address (if different from property address) |                    | Telephone Number                     |        |

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

|   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| a) I am the surviving spouse of a disabled veteran.   | <input type="checkbox"/> True | <input type="checkbox"/> False |  |
| b) My spouse passed away before January 1 of the current year.  | <input type="checkbox"/> True | <input type="checkbox"/> False |  |
| c) My spouse qualified for and received the disabled veterans property tax exemption prior to his or her death. | <input type="checkbox"/> True | <input type="checkbox"/> False |  |

***3. Ownership Requirement***

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| I am the owner-occupier of the property. | <input type="checkbox"/> True | <input type="checkbox"/> False |  |
|--|-------------------------------|--------------------------------|--|

***4. 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\*

\* A court order or power of attorney is required and must be attached if a party other than the applicant signs this form.

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

Mail, FAX, or deliver this form to your County Assessor by **July 1**. We recommend you **obtain a receipt** when delivering in person or mailing by **certified mail**. You may also call the Assessor to verify the application was received.