

# 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 and has not remarried.
- 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>	<i>County name</i> <i>Address</i> <i>Address</i> <i>Phone, fax and email</i>
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***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 <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 and I have not remarried.	<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	
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***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.