

PROPERTY TAX EXEMPTION APPLICATION FOR GOLD STAR SPOUSE

This is a confidential document

SEND APPLICATION TO:

(For Official Use Only)

(01-2023)

Department of Military and Veteran Affairs
 155 Van Gordon Street, Ste. 201
 Lakewood, CO 80228
 Fax 303-914-5414

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 (Not Country)
Mailing Address (if different from property address)		Telephone Number	Check box if ownership is held in a life estate. <input type="checkbox"/>

Email Address:

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

2A. I am the Surviving Spouse of an 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 disabled veterans 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 persons 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
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. <input type="checkbox"/> 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: _____	
7C. Dates property was occupied as primary residence from: _____ to: _____	7D. Approximate date of condemnation	
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. <input type="checkbox"/> True		
7F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence. <input type="checkbox"/> 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: _____	
8C. Dates property was occupied as primary residence from: _____ to: _____	8D. Date property was destroyed by natural disaster	
8E. If the destruction of the prior residence had not occurred, the destroyed property would still be my primary residence. <input type="checkbox"/> 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	
9C. Trustee(s)	9D.1 Beneficiary	
9D.2 Beneficiary	9D.3 Beneficiary (attach additional sheets if necessary)	
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. <input type="checkbox"/> 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	
10B.2 Name of Principal	10B.3 Name of Principal (attach additional sheets if necessary)	
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. <input type="checkbox"/> True		
11. Affidavit and Signature		
I declare, under <u>penalty of perjury</u> 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: <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian* <input type="checkbox"/> Conservator* <input type="checkbox"/> 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 your County Assessor by July 15 . 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.		