2024 LONG FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL

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DO NOT MODIFY OR CROSS OUT LANGUAGE OF APPLICATION Boulder, CO 80306-0471 E: AssessorSX@BoulderCounty.gov

PO Box 471

W: BoulderCountyAssessor.gov

1. Identification of Applicant and Property			
Applicant's First Name, Middle Initial and Last Name		Social Security No	Date of Birth
,			
Property Address (number & street name)		A acquint Mus	mber (R1234567)
Property Address (number & street name)		Account Nu.	mber (K1234307)
	Q	F' 0 1	
City or Town	State	Zip Code	Telephone Number
	CO		
Mailing Address (if different than property address)			Check Box if Ownership
			is Held in a Life Estate.
2. Age and Occupancy Requirements (One			
2A. As of January 1 of this year, I am 65 years old, I of			
and I have occupied it as my primary residence for at le	east 10 cons	· -	ary 1 of this year.
		True	
2B. I am the surviving spouse of an individual who pre	eviously qua	alified for the exemption. E	Each of the following
statements is true:			
a) My spouse passed away after December 31, 200		1 1 1	1
b) My spouse was at least 65 years old on January			
c) My spouse occupied the property as his or her p January 1 of the year in which he or she passed	•	dence for at least 10 consec	curive years prior to
d) I occupied the property with my spouse as our p		dence: and	Date of birth of spouse
e) I currently occupy the property as my primary re	•		who previously qualified
f) I have not remarried.	<u>u</u>	IIG	who previously qualified
/			
If each of statements a) through f) is true, ch	eck here:	True	
If each of statements a) through f) is true, ch 2C. If not for the fact that either I or my spouse was co			prior residence was
If each of statements a) through f) is true, ch 2C. If not for the fact that either I or my spouse was co condemned in an eminent domain proceeding, or o	nfined to a	health care facility, or our	
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5. Complete this section if applicant or spouse wassisted living facility.	vas/is confined to a nursing he	ome, hospital, or	
5A. Name of Confined Individual	5B. Location	5C. Dates Confined	
5D. During confinement, the property was occupied by either a or c) the property remained unoccupied.	roperty was occupied by either a) the spouse of the person confined, b) a financial dependent, and unoccupied. True		
6. Complete this section if prior residence was c	ondemned in an eminent dom	ain proceeding.	
6A. Street address of condemned property	6B. Dates of ownership of conde from:	to:	
6C. Dates property was occupied as primary residence from: to:	6D. Approximate date of condemnation		
6E. Since the condemnation of my prior residence, I have not of other than the property for which I am applying for exem		y primary residence True	
6F. If condemnation of the prior residence had not occurred,			
7. Complete this section if prior residence was d by a natural disaster.	lestroyed or otherwise rendere	ed uninhabitable	
7A. Street address of destroyed property	7B. Dates of ownership of destro	oyed property to:	
7C. Dates property was occupied as primary residence from: to:	7D. Date property was destroyed	by natural disaster	
7E. If the destruction of the prior residence had not occurred, the	he destroyed property would still be m	y primary residence. True	
8. Complete this section if property is owned by	a trust or an individual as trus	stee.	
8A. Name of Trust	8B. Maker(s) of Trust		
8C. Trustee(s)	8D.1 Beneficiary		
8D.2 Beneficiary	8D.3 Beneficiary (attach addition		
8E. The property was transferred to the above-named trust sole been transferred, I and/or my spouse would be the owner.		ne property not True	
9. Complete this section if property is owned by	a corporate partnership or otl	her legal entity.	
9A. Name of Corporate Partnership or Legal Entity	9B.1 Name of Principal		
9B.2 Name of Principal	9B.3 Name of Principal (attach a	dditional sheets if necessary)	
9C. The property was transferred to the above-named partnersh property not been transferred, I and/or my spouse would be	· · · · · · — · — · ·	purposes. Had the True	
10. Affidavit and Signature			
I declare, under <u>penalty of perjury</u> in the second degree (§ on any attachments is correct.	18-8-503, C.R.S.), that the informati		
Signature: Signer is: Applicant Spouse	Guardian* Conservato	Date: Attorney-in-fact*	
* Authorization in the form of a court order or power of at Other Contact (relative, representative, etc.):	ttorney is required and must be attacheTelephone Num		
You must inform the County Assessor of a change in proj	perty ownership or occupancy within	n 60 days of such change.	
Mail, FAX, or deliver this form to your County Assessor by Ju			
in person, or mailing by certified mail. You may also call the	· ·	•	