

2024 LONG FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL

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DO NOT MODIFY OR CROSS OUT LANGUAGE OF APPLICATION

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)		Account Number (R1234567)	
City or Town	State CO	Zip Code	Telephone Number
Mailing Address (if different than property address)			Check Box if Ownership is Held in a Life Estate. <input type="checkbox"/>

2. Age and Occupancy Requirements (One of the following statements must be true.)

2A. As of January 1 of this year, I am 65 years old, I occupy the property listed above as my primary residence, and I have occupied it as my primary residence for at least 10 consecutive years prior to January 1 of this year.

☐ True

2B. 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 after December 31, 2001; and
- b) My spouse was at least 65 years old on January 1 of the year he or she passed away; and
- c) My spouse occupied the property as his or her primary residence for at least 10 consecutive years prior to January 1 of the year in which he or she passed away; and
- d) I occupied the property with my spouse as our primary residence; and
- e) I currently occupy the property as my primary residence; and
- f) I have not remarried.

Date of birth of spouse
who previously qualified

If each of statements a) through f) is true, check here:

☐ True

2C. 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, or our prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster, one of the statements above would be true.

If any of these circumstances apply, you must check box 2A or 2B here,
and complete section 5, 6 or 7 (as applicable) on the back of this form.

☐ Statement 2A would be true

☐ Statement 2B would be true

3. Ownership Requirement (One of the following statements must be true.)

3A. The owner of record for the property described above is either 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 by me, my spouse and I were married and my spouse occupied the property as his or her primary residence.

☐ 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/our 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 6, 7, 8 or 9 on the back of this form.)

☐ True

4. List each additional person who occupies the property as his or her primary residence.

4A. Person who also occupies property as primary residence	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
4B.1 Person who also occupies property as primary residence		Social Security Number
4B.2 Person who also occupies property as primary residence		Social Security Number

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

5A. Name of Confined Individual	5B. Location	5C. Dates Confined
5D. 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		

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

6A. Street address of condemned property	6B. Dates of ownership of condemned property 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 owned and occupied any property as my primary residence other than the property for which I am applying for exemption. <input type="checkbox"/> True	
6F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence. <input type="checkbox"/> True	

7. Complete this section if prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster.

7A. Street address of destroyed property	7B. Dates of ownership of destroyed property from: 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 destroyed property would still be my primary residence. <input type="checkbox"/> True	

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

8A. Name of Trust	8B. Maker(s) of Trust
8C. Trustee(s)	8D.1 Beneficiary
8D.2 Beneficiary	8D.3 Beneficiary (attach additional sheets if necessary)
8E. 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	

9. Complete this section if property is owned by a corporate partnership or other 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 additional sheets if necessary)
9C. 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	

10. 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 ☐ Spouse ☐ Guardian* ☐ Conservator* ☐ 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.