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

In 2014 Colorado's legislature expanded the Disable d 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 veteran with a disability 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 veteran with a disability 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			
	Applications for the property tax exemption must be mailed or delivered to your county assessor's office. Applications should not be returned to the Division of Property Taxation. Applications sent to the incorrect address or agency may delay or cause problems with processing your application.		
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 CO	Zip Code	County
Mailing Address (if different from property address)		Telephone Number	
2. Qualifying Surviving Spouse Status (the following statements must be true.)			
<ul> <li>a) I am the surviving spouse of a disabled veteran and I have not remarried.</li> <li>b) My spouse passed away before January 1 of the current year.</li> <li>c) My spouse qualified for and received the disabled veterans property tax exemption prior to his or her death.</li> <li>True</li> <li>True</li> <li>False</li> <li>False</li> </ul>			
3. Ownership Requirement			
I am the owner-occupier of the property.		True True	False
4. 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:			