

# APPLICATION: PROPERTY TAX EXEMPTION FOR SENIORS

**CONFIDENTIAL**

El Paso County Assessor's Office  
 Attention: Senior Tax Exemptions  
 1675 West Garden of the Gods Road  
 Suite 2300  
 Colorado Springs, CO 80907  
 Phone: (719) 520-6600  
 FAX: (719) 520-6635

1. Applicant's First, Middle Initial, and Last Name		Social Security Number		Date of Birth
2. Property Address (number & street name)			Schedule or Parcel Number	
3. City or Town	State <b>CO</b>	Zip Code	Telephone Number	
4. Mailing Address (IF DIFFERENT THAN PROPERTY ADDRESS, <u>PLEASE EXPLAIN</u> )			5. Check box if ownership is held in a life estate. <input type="checkbox"/>	

**6. Age, Occupancy, and Ownership Requirements**

*Each question must be answered "True" to qualify for using this form.  
 If any question is false, please notify our office to request the Long Form Application.*

As of January 1 of this year, I am at least 65 years old.  True  False

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  False

I occupy the property described above as my primary residence, and I have done so for at least 10 consecutive years prior to January 1 of this year.  True  False

**7. Each additional person who occupies the property as his/her primary residence must be listed here. 39-3-205(2)(A)(III), C.R.S. (Attach an additional sheet if necessary.)**

Person who also occupies property as primary residence	Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
Person who also occupies property as primary residence		Social Security Number
Person who also occupies property as primary residence		Social Security Number

**8. Affidavit and Signature**

**I declare, under penalty of perjury in the second degree (§18-8-503, C.R.S.), that the information I provided on this form and on any attachments is correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signer is:  Applicant  Spouse  Guardian  Conservator  Attorney-in-fact

If signer is guardian, conservator or attorney-in-fact, you must provide authorization in the form of a court order or power of attorney.

Other Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(relative, personal representative, etc.)

**The Assessor must be informed of any changes in ownership or occupancy of the property within 60 days of when the change occurs.**

Mail or deliver this form to your County Assessor by **July 15**. We recommend you **obtain a receipt** when delivering the form in person, or mail the form by **certified mail**. You may also call the Assessor prior to July 15 to ensure that it was received.

## Application Instructions

You must provide your name, social security number and date of birth. (Your spouse should be identified in section 7, even if he or she also qualifies.)

- ✓ Identify the property address and its schedule or parcel number.
- ✓ List the city or town, zip code of the property, and the telephone number where you can be reached.
- ✓ List your mailing address here if different from your property address. (IF YOUR MAILING ADDRESS IS DIFFERENT FROM THE PROPERTY ADDRESS, PLEASE ATTACH AN EXPLANATION.)
- ✓ Age, Occupancy, and Ownership – *In order to use this Application Form, all three questions in the section must be answered "True".* If any questions are "False", please notify our office to request a Long Form application to be sent to you.
- ✓ Each additional person who occupies the property, as his or her primary residence must be listed here, along with his or her social security number. The form will be kept confidential. If your husband or wife occupies the property, he or she must be listed on the first line and identified as your spouse. If more than three additional people occupy the property, you can attach an additional sheet with their names and social security numbers.
- ✓ You must sign and date the form. If the form is signed on behalf of the applicant by a guardian, conservator, or attorney-in-fact, that person must provide documentation of his or her authority in the form of a court order or power of attorney. If there is a contact person other than the applicant, please provide the name, telephone number, and relationship of that person to you.

If you have any questions, please contact:



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✂ Cut Here ✂