

## APPLICATION INSTRUCTIONS

1. **IDENTIFICATION:** Identify the disabled veteran and the property in this section.
    - o The applicant's Social Security number is required. For an explanation, please review 5 below,
    - o Life of Estate -- It is permissible for ownership to be held in a life estate, if ownership is held in a life estate, checking the life estate box will assist the assessor's office in processing your application.
  2. **DISABLED VETERAN STATUS:** To qualify, both questions must be true: and you must attach a copy of your VA award letter verifying that you have been given a permanent and total disability rating by the VA.
  3. **OWNERSHIP REQUIREMENT:** To qualify, either statement 3A or 3B must be true. If 3B is true, you must complete either section 6 or 7 on the back of the form. The ownership requirement is discussed under ELIGIBILITY REQUIREMENTS in the Overview.
    - o Two individuals who are legally married, but who own more than one residential property, shall be deemed to occupy the same primary residence and may claim no more than one exemption. If you and/or your spouse qualify for both the disabled veterans exemption and the senior citizen property tax exemption. You may apply for and claim only one of the exemptions.
  4. **OCCUPANCY REQUIREMENT:** To qualify, either statement 4A or 4B must be true. If 4B is true. You must complete section 8 on the back of the application form. (The occupancy requirement is discussed under ELIGIBILITY REQUIREMENTS in the Overview.
  5. **NAME AND SOCIAL SECURITY NUMBER OF EACH ADDITIONAL OCCUPANT:** Pursuant to § 39-3-205(2) (a) (III), C.R.S., the name and Social Security number of each individual who occupies the property must be listed on the application. The information is needed to ensure that no one receives the exemption on more than one property. The statute requires that the information be kept confidential.
    - 5A - The Spouse's Name:**
      - o If your spouse occupies the property with you, provide his/her name and Social Security number, and check the box marked "Yes."
      - o If you do not have a spouse living with you, list the name and Social Security number of all other occupants. And check the box marked "No."
    - 5B - Other Individuals:**
      - o List all other individuals, including children, who occupy the property as their primary residence. Attach an additional sheet if necessary
  6. **PROPERTY OWNED BY A TRUST:** If question 3B is true. You must complete either section 6 or section 7.
    - 6A -** Provide the name of the trust.
    - 6B -** Provide the name of the maker of the trust. The maker is the person who created the trust.
    - 6C -** Provide the name of the trustee,
    - 6D -** provide the name of each beneficiary of the trust. Attach an additional sheet if necessary.
    - 6E -** To qualify for exemption, this statement must be true.
  7. **PROPERTY OWNED BY A CORPORATE PARTNERSHIP OR OTHER LEGAL ENTITY:** If question 3B is true, you must complete either section 7 or section 6.
    - 7A -** Provide the name of the corporate partnership or other legal entity.
    - 7B -** Provide the name of each principal of the corporate Partnership or legal entity. Attach an additional sheet if necessary.
    - 7C -** To qualify for exemption, this statement must be true.
  8. **CONFINEMENT TO A HEALTH CARE FACILITY:** Complete this section only if question 4B is true.
    - 8A -** Provide the name of the qualified disabled veteran.
    - 8B -** State the location and dates of confinement.
    - 8C -** To qualify for exemption, this statement must be true.
- NOTE: If ownership is held in your spouse's name, and your spouse is confined to a health care facility, complete section 8 for your spouse.
9. **AFFIDAVIT AND SIGNATURE:** 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/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 and telephone number of the contact person.

*Submit your application no later than July 1, to the Colorado Division of Veteran Affairs at the address listed below. If you have questions about your status as a "qualifying disabled veteran," please contact the Division of Veterans Affairs. If you have any other questions about this program, please contact the Colorado Division of Property Taxation at 303-864-7777.*

Colorado Department of Military and Veterans Affairs  
Division of Veterans Affairs  
155 Van Gordon St, Suite 201  
Lakewood, Colorado 80228  
Telephone: 303-914-5832 Fax: 303-914-5835  
<https://vets.colorado.gov/>