PROPERTY TAX EXEMPTION FOR QUALIFYING VETERANS WITH A DISABILITY
OVERVIEW

In 2006, Colorado voters amended section 3.5 of article X of the Colorado Constitution. The amendment and subsequent legislation expanded the senior property tax exemption to include "qualifying veterans with a disability."

For veterans with a disability who qualify, 50 percent of the first $200,000 of actual value of the veteran's primary residence is exempted. The state will reimburse the county treasurer for the lost revenue. Owners of multiple residences may only designate one property as their primary residence.

ELIGIBILITY REQUIREMENTS:

A "qualifying veteran with a disability" is a person who meets each of the following requirements - § 39-3-202(3.5), C.R.S.

- The veteran sustained a service-connected disability while serving on active duty in the Armed Forces of the United States. This includes members of the National Guard and Reserves who sustained their injury during a period in which they were called to active duty.
- The veteran was honorably discharged.
- The United States Department of Veterans Affairs has rated the veteran's service-connected disability as a one hundred percent permanent disability through disability retirement benefits pursuant to a law or regulation administered by the department, the U.S. Department of Homeland Security, or the Department of the Army, Navy, or Air Force. For the purpose of determining eligibility a veteran who has individual unemployability status shall be treated equivalently to a veteran who has a service-connected disability that has been rated as one hundred percent permanent disability.

Property Requirements - §§ 39-3-202(2) and (3) and 203(1.5) to (5), C.R.S:

- Ownership – The veteran must own the property and must have been an owner of record since January 1 of the current year. The veteran's ownership can be limited to a fractional, joint, or life estate interest.

  Exceptions:

  If the veteran's spouse is an owner and the veteran is not, the veteran can meet the ownership requirement if the couple was married on or before January 1 and both have occupied the property as their primary residence since January 1.

  If the property is owned by a trust, corporate partnership, or other legal entity, the veteran will meet the ownership requirement if each of the following is true: 1) the veteran or spouse is a maker of the trust or a principal of the corporate partnership or legal entity, 2) the property was transferred solely for estate planning purposes, and 3) the veteran or spouse would otherwise be the owner of record.

- Occupancy – The veteran must occupy the property as his or her primary residence and must have done so since January 1. A primary residence is the place at which a person's habitation is fixed. A person can have only one primary residence at any time.

  If the veteran is registered to vote, the address used for voter registration is considered the veteran's primary residence.

  If the veteran is not registered to vote, the

  address listed on automobile registrations, income tax returns, or other legal documents may be considered as evidence of the veteran's place of primary residency.

  If the veteran is confined to a hospital, nursing home or assisted living facility, the property can be considered the veteran's primary residence if it is occupied by a spouse or a financial dependent or if it is unoccupied.

- Residential Property – The property must be classified by the county assessor as residential.
- Multiple Dwelling Units – If the veteran owns a multiple dwelling unit property, exemption will only be granted to the unit occupied by the veteran as his or her primary residence.

MAKING APPLICATION:

Complete the attached application and mail or deliver it to the county assessor's office. Completed applications must be postmarked or delivered no later than **July 1** of the year for which the exemption is requested. To ensure that the application is timely filed, all information requested on the application, including a copy of your VA Summary of Benefits letter, must be submitted by **July 1**. The VA Summary of Benefits letter can be obtained at the following website https://www.va.gov/records/download-va-letters/

The county assessor will determine whether the requirements are met. If they are, the assessor will place the exemption on your property and it will remain in place for future years until a change in the status of your property requires that the exemption be removed.

If one or more of the requirements are not met, the assessor will mail you a letter explaining the reason(s) for denial and provide you with instructions for appealing the assessor's decision to the county board of equalization.

Under no circumstances shall an exemption be allowed for property taxes assessed during any tax year prior to the year in which the veteran first files an exemption application. No more than one exemption per tax year shall be allowed for a residential property, even if one or more of the owner- occupiers qualify for both the senior exemption and the veteran with a disability exemption.

If an individual or married couple applies for either or both the senior and disabled veteran exemptions on more than one property, the exemptions will be denied on each property.

Applications can be obtained from your county assessor's office or the web site of the Colorado Division of Property Taxation.

APPLICATION INSTRUCTIONS

1. **IDENTIFICATION:** Identify the veteran with a disability and the property in this section.
   - The applicant's Social Security number is required. For an explanation, please review 5 below.
   - Life 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. **VETERAN WITH A DISABILITY STATUS:** To qualify, both questions must be true, and you must attach a copy of your VA Summary of Benefits letter verifying that you have been given a permanent disability rating or individual unemployability status 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.
   - 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 veteran with a disability 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:
   - If your spouse occupies the property with you, provide his/her name and Social Security number, and check the box marked "Yes."
   - 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:
   - List all other individuals, including children, who occupy the property as their primary residence.
   - If more than three people occupy the property, attach an additional sheet listing the names and Social Security numbers for each.
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 county assessor's office in the county in which the property is located. If you have questions about your status as a "qualifying disabled veteran," please contact the Division of Veterans Affairs.*

ARAPAHOE COUNTY ASSESSOR
PK KAISER
5334 S. PRINCE ST. LITTLETON CO 80120
303-795-4600 | FAX: 303-797-1295
ASSESSOR@ARAPAHOEGOV.COM

PROPERTY TAX EXEMPTION APPLICATION FOR QUALIFYING VETERANS WITH A DISABILITY

This is a confidential document

SEND APPLICATION TO:

ARAPAHOE COUNTY ASSESSOR
PK KAISER
5334 S. PRINCE ST. LITTLETON CO 80120
303-795-4600 | FAX: 303-797-1295
ASSESSOR@ARAPAHOEGOV.COM

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	Check box if ownership is held in a life estate. ☐

Email Address:

2. Disabled Veteran Status *(Both of the following statements must be true.)*

2A. I received a service-connected disability that has been rated by the United States department of veterans affairs as one hundred percent permanent through disability retirement benefits or, which resulted from a service-connected injury sustained while serving on active duty in the Armed Forces of the United States, OR I am medically retired at 100%, OR I am a veteran who has individual unemployability status.

☐ **True** ☐ **False**

2B. I have attached my VA Summary of Benefits letter verifying my status as a one hundred percent permanent disabled veteran or my individual unemployability status .
A VA Summary of Benefits letter can be found at https://www.va.gov/records/download-va-letters/

☐ **Yes, my VA Summary of Benefits letter is attached** (required)

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

3A. Since January 1 of this year, the above-described property has been continuously owned by me and/or my spouse. If the property has been owned by my spouse and not by me, my spouse and I have been legally married and have lived in the property as our primary residence since January 1.

☐ **True** ☐ **False**

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.

☐ **True** ☐ **False**

(If 3B is true, you must complete either section 6 or section 7 on the back of this form.)

4. Occupancy Requirement *(One of the following statements must be true.)*

4A. As of January 1 of this year, I have occupied the property described above as my primary residence, and neither I, nor my spouse, is receiving the senior citizen or the disabled veterans property tax Exemption on any other property in Colorado.

☐ **True** ☐ **False**

4B. Statement 4A would be true if not for the fact that I am confined to a hospital, nursing home, or assisted living facility.

☐ **True** ☐ **False**

(If 4B is true, you must complete section 8 on the back of this form.)

5. List each additional person who occupies the property as his/her primary residence.

5A. Person who also occupies property as primary residence	Spouse ☐ **Yes** ☐ **No**	Social Security Number
5B.1 Person who also occupies property as primary residence		Social Security Number

5B.2 Person who also occupies property as primary residence	Social Security Number
5B.3 Person who also occupies property as primary residence	Social Security Number
5B.4 Person who also occupies property as primary residence	Social Security Number

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

6A. Name of Trust	
6B. Maker of Trust	6C. Trustee
6D.1 Beneficiary	6D.2 Beneficiary
6D.3 Beneficiary	6D.4 Beneficiary

6E. The property was transferred to the trust solely for estate planning purposes. Had the property not been Transferred, I and/or my spouse would be the owner(s) of record. ☐ **True** ☐ **False**

7. Complete this section if property is owned by a corporate partnership or other legal entity.

7A. Name of Corporate Partnership or Legal Entity	
7B.1 Name of Principal	7B.2 Name of Principal
7B.3 Name of Principal	7B.4 Name of Principal

7C. The property was transferred to the corporate partnership or legal entity solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. ☐ **True** ☐ **False**

8. Complete this section if disabled veteran is confined to a nursing home, hospital, or assisted Living facility. *(Also complete if spouse, not veteran, is owner and is confined to nursing home or similar facility)*

8A. Name of Confined Individual	8B. Location of Facility	8C. Dates Confined

8D. Since confinement, the property was occupied by either: a) the spouse of the person confined, b) a financial dependent, or c) theproperty remained unoccupied ☐ **True** ☐ **False**

9. 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.

Other Contact: _____ Telephone Number: _____

(Relative or other contact)

The County Assessor must be informed of any change in ownership or occupancy of the property or changes to unemployability status within 60 days of such occurrence.

Mail, FAX, or deliver this form to the County Assessor no later than **July 1.**

We recommend you **obtain a receipt** when delivering the form in person or by FAX or mail the form by **certified mail.**

You may contact the County Assessor after **September 1** to confirm the exemption has been applied to your property.