SHORT FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL

15-DPT-AR
SE-003-07/14

San Miguel County
Mailing: PO Box 506
Physical: 333 W Colorado Ave
2nd floor
Telluride, CO 81435

970-728-3174
Fax: 970-369-1007
assessor@sanmiguelcounty.org
www.sanmiguelcounty.org

1. Identification of Applicant and Property

Applicant's First Name, Middle Initial, and Last Name		Social Security Number	Date of Birth
Property Address (number & street name)		Schedule or Parcel Number	
City or Town	State CO	Zip Code	Telephone Number
Mailing Address (if different from property address)			Check box if ownership is held in a life estate. ☐

2. Age, Occupancy, and Ownership Requirements

Each question must be answered "True" to qualify using this form.

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**

3. Each additional person who occupies the property as his or her primary residence must be listed here.

(Attach an additional sheet if necessary.)

Person who also occupies property as primary residence	Spouse ☐ *Yes* ☐ *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

4. 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*

* Authorization in the form of a court order or power of attorney is required.

Other Contact:_____ Telephone Number:_____
(relative, personal representative, etc.)

The assessor must be informed of any change 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.