LONG FORM: PROPERTY TAX EXEMPTION FOR SENIORS

CONFIDENTIAL

City and County of Broomfield One DesCombes Drive Broomfield, CO 80020

Ph: 303.464.5819 and Fax: 303.438.6252

| 1. Identification of Applicant and Property | | | | |
|---|---------------|---|---------------------------|--|
| Applicant's First Name, Middle Initial and Last Name | | Social Security No | . Date of Birth | |
| | | | | |
| Property Address (number & street name) | | Schedule or Parcel Number | | |
| | | | | |
| City or Town | State | Zip Code | Telephone Number | |
| | | 1 | 1 | |
| Mailing Address (if different than property address) | СО | | Check Box if Ownership | |
| Maning Address (if different than property address) | | | is Held in a Life Estate. | |
| | | | | |
| 2. Age and Occupancy Requirements (One | of the fo | llowing statements mu | ust he true) | |
| 2A. As of January 1 of this year, I am 65 years old, and | Loccupy tl | ne property listed above as | my primary | |
| residence. I have occupied it as my primary residen | * • | * * * | • • | |
| of this year. | 100 101 41 10 | True | in to building i | |
| 2B. I am the surviving spouse of an individual who pre- | viously qua | | Each of the | |
| following statements is true. | viousiy quu | annou for the exemption. | | |
| a) My spouse passed away after December 31, 200 | 1; and | | | |
| b) My spouse was at least 65 years old on January | | r he or she passed away; a | nd | |
| c) My spouse occupied the property as his or her pr | • | * | | |
| January 1 of the year he or she passed away; and | l | | | |
| d) I occupied the property with my spouse as our pa | rimary resid | dence; and | Date of birth of spouse | |
| e) I currently occupy the property as my primary re | esidence; ar | nd | who previously qualified | |
| f) I have not remarried. | | | | |
| Each one of statements a) through f) is true. | | True | | |
| 2C. If not for the fact that either I or my spouse was confined to a health care facility, or our prior residence was | | | | |
| condemned in an eminent domain proceeding, one of the statements above would be true. | | | | |
| , <u> </u> | | | #2A would be true | |
| , <u> </u> | | | #2B would be true | |
| (If #2A or #2B would be true, you must complete ei | ther section | n #3 or section #6 on the b | ack of this form.) | |
| 3. Ownership Requirement (One of the following statements must be true.) | | | | |
| 3A. 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 m | • • | • • • | nd I were married | |
| and my spouse occupied the property as his or her primary residence. True | | | | |
| 3B. Statement #3A would be true if not for the fact that | | | • | |
| partnership or other legal entity solely for estate pla | anning purp | · • • • • • • • • • • • • • • • • • • • | lence was condemned | |
| in an eminent domain proceeding. | //0 1 | True | | |
| (If #3B is true, complete either section #7 or section | n #8 on the | back of this form.) | | |
| 4. List each additional person who occupies the property as his or her primary residence. | | | | |
| 4A. Person who also occupies property as primary resid | lence | Spouse | Social Security Number | |
| | | Yes | | |
| 4D. D | 1 | No No | G | |
| 4B. Person who also occupies property as primary resid | ience | | Social Security Number | |
| | | | | |
| 4B. Person who also occupies property as primary resid | lence | | Social Security Number | |
| | | | | |

| | Complete this section if applicant or spouse was assisted living facility. | as/is confined to a nursing hol | me, hospital, or | | |
|------|---|--|------------------------|--|--|
| 5A. | Name of Confined Individual | 5B. Location | 5C. Dates Confined | | |
| 5D. | During confinement, the property was occupied by either a) the spouse of the person confined, b) a financial dependent, or c) the property remained unoccupied. True | | | | |
| 6. | Complete this section if prior residence was co | ondemned in an eminent doma | in proceeding. | | |
| 6A. | Street address of condemned property | 6B. Dates of ownership of condemned property from: | | | |
| 6C. | Dates condemned property was occupied as primary residence | 6D. Approximate date of condemnation | | | |
| | Since condemnation, I have not owned and occupied any pr for which I am applying for exemption. | Trı | ie | | |
| 6F. | If condemnation of the prior residence had not occurred, th | e condemned property would still be my | | | |
| | Complete this section if property is owned by a | trust or an individual as truste | ee. | | |
| '/A. | Name of Trust | | | | |
| 7B. | Maker(s) of Trust | 7C. Trustee | | | |
| 7D. | Beneficiary | 7D. Beneficiary | | | |
| 7D. | Beneficiary | 7D. Beneficiary | | | |
| 7E. | The property was transferred to the trust solely for estate pla I and/or my spouse would be the owner(s) of record. | nning purposes. Had the property not b | | | |
| 8. (| Complete this section if property is owned by a | corporate partnership or othe | r legal entity. | | |
| 8A. | Name of Corporate Partnership or Legal Entity | | | | |
| 8B. | Name of Principal | 8B. Name of Principal | | | |
| 8B. | Name of Principal | 8B. Name of Principal | | | |
| 8C. | The property was transferred to the corporate partnership or property not been transferred, I and/or my spouse would be | | _ | | |
| 9. / | Affidavit and Signature | | | | |
| I de | eclare, under <u>penalty of perjury</u> in the second degree (§ 15) ovided on this form and on any attachments is correct. | 8-8-503, C.R.S.), that the information | | | |
| Sig | nature: | Date | : | | |
| | nature:ner is: | | : Attorney-in-fact* | | |
| * A | Authorization in the form of a court order or power of attorne | y is required. | | | |
| Oth | ner Contact: | Telephone Number: | | | |
| | ative, personal representative, etc.) | | | | |
| | e County Assessor must be informed of any change in own or such occurrence. | nership or occupancy of the property | within 60 | | |
| wh | il, FAX, or deliver this form to your County Assessor by July en delivering the form in person, or mail the form by certifie | · | = | | |
| to e | ensure that your application was received. | | | | |