

# QUALIFIED SENIOR PRIMARY RESIDENCE CLASSIFICATION

Douglas County Assessor's Office  
301 Wilcox Street  
Castle Rock, CO 80104  
303-660-7450  
Assessors@douglasco.gov

**CONFIDENTIAL**

Applications for the property classification must be submitted to your county assessor's office by **July 15**. Applications should not be returned to the Division of Property Taxation. Applications sent to the incorrect address or agency may delay or cause problems with processing your application.

## 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
Email Address (and Mailing Address if different from property address)			Check box if ownership is held in a Life Estate <input type="checkbox"/>

## 2. Occupancy Requirement (One of the following statements must be true.)

2A. As of January 1, 2020 (or later), I received the Senior Exemption on a residential property in the state of Colorado. I have now established my primary residence on or before January 1st of this year at the address listed in section 1 of this application. (If applicant or spouse is confined to a nursing home, hospital or assisted living facility, complete section 5.)

True

2B. I am the surviving spouse of an individual who previously qualified for the senior exemption. Each of the following statements are true:

- a) My spouse previously received the senior exemption at a prior Colorado residence as of January 1, 2020 (or later); and
- b) My spouse occupied this property as their primary residence prior to passing away; and
- c) I occupied the property with my spouse as our primary residence; and
- d) As of January 1st I currently occupy the property listed in section 1 of this application as my primary residence; and
- e) I have not remarried.

If EACH of the statements above are true, check here:

True

## 2C. Location of previously approved senior exemption

Address (number & street name)		County
City or Town	State CO	Zip Code

## 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.

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 their primary residence.

True

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.

If 3B is true, complete section 6 or 7 on the back of this form.

True

## 4. List each additional person who occupies the property as his or her primary residence.

4A. Person who also occupies property as primary residence	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
4B.1 Person who also occupies property as primary residence		Social Security Number
4B.2 Person who also occupies property as primary residence		Social Security Number

<b>5. Complete this section if applicant or spouse was/is confined to a nursing home, hospital, or assisted living facility.</b>		
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. <input type="checkbox"/> True		
<b>6. Complete this section if property is owned by a trust or an individual as trustee.</b>		
6A. Name of Trust	6B. Maker(s) of Trust	
6C. Trustee(s)	6D.1 Beneficiary	
6D.2 Beneficiary	6D.3 Beneficiary (attach additional sheets if necessary)	
6E. The property was transferred to the above-named trust solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. <input type="checkbox"/> True		
<b>7. Complete this section if property is owned by a corporate partnership or other legal entity.</b>		
7A. Name of Corporate Partnership or Legal Entity	7B.1 Name of Principal	
7B.2 Name of Principal	7B.3 Name of Principal (attach additional sheets if necessary)	
7C. The property was transferred to the above-named partnership or entity solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. <input type="checkbox"/> True		
<b>8. Affidavit and Signature</b>		
I declare, under <u>penalty of perjury</u> 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: <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator* <input type="checkbox"/> Attorney-in-fact*		
* Authorization in the form of a court order or power of attorney is required and must be attached to this application.		
Other Contact (relative, representative, etc.): _____		Telephone Number: _____
<b>You must inform the County Assessor of a change in property ownership or occupancy within 60 days of such change. Apply to the county assessor in the county where the property is located by July 15.</b>		

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