

PROPERTY TAX EXEMPTION FOR GOLD STAR SPOUSES

OVERVIEW

In 2022, Colorado voters approved Amendment E to section 3.5 of article X of the Colorado Constitution. The amendment and subsequent legislation expanded the senior citizen and disabled veteran property tax exemption to include "Gold Star Spouses."

For Gold Star Spouses who qualify 50 % of the first \$200,000 of actual value of their 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:

Amendment E expands the current homestead exemption to reduce the property taxes paid by a homeowner who is the surviving spouse of either a military service member who died in the line of duty or a veteran whose death resulted from a service-related injury or disease.

The surviving spouse must be qualified under Federal Law and by the state Department of Military and Veteran affairs.

The surviving spouse must provide a complete packet with the Gold Star Spouse Application, documentation that the service members' death was the result of service-related injury or disease, and documentation that the death occurred on active duty or following separation from the military. Documentation can be the VA Benefits Summary letter or a letter from the Department of Defense.

The surviving spouse must not have remarried in order to be eligible.

OWNERSHIP AND OCCUPANCY REQUIREMENTS

Ownership

The Gold Star Spouse must own the property and must have been an owner of record since January 1 of the application year. The ownership can be limited to an individual, joint, or life estate interest.

Occupancy

The Gold Star Spouse must occupy the property as his or her primary residence and must have done so since January 1 – of the application year. A primary residence is the place at which a person's habitation is fixed and to which that person, when absent, has the intention of returning. A person can have only one primary residence at any time. If the Gold Star Spouse is registered to vote, the address used for voter registration is considered the Gold Star Spouse's primary residence. If the Gold Star Spouse 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 Gold Star Spouse's place of primary residency.

Exceptions to the Occupancy and Ownership Requirements.

1) Ownership was transferred to or purchased by a trust, corporate partnership or other entity solely for estate planning purposes; 2) the qualifying applicant was or is confined to a nursing home, hospital or assisted living facility; 3) the prior residence was condemned in an eminent domain proceeding by a governmental entity; or 4) the prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster.

PROPERTY REQUIREMENTS

Residential Property

The property must be classified by the county assessor as residential.

Multiple Dwelling Units

If the Gold Star Spouse owns a multiple dwelling unit property, exemption will only be granted to the unit occupied by the Gold Star Spouse as his or her primary residence.

MAKING APPLICATION:

Complete the attached application and mail or deliver it to the county assessor at the address listed on the application. 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 Benefit Summary Letter" or your letter from the Department of Defense), must be submitted by **July 1**.

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 Gold Star Spouse 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 disabled veteran 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 from the web site of the Colorado Division of Property Taxation.

APPLICATION INSTRUCTIONS

1. **IDENTIFICATION:** Identify the Gold Star Spouse 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. **GOLD STAR SPOUSE STATUS:** To qualify, both questions must be true and you must attach a copy of your VA Benefit Summary Letter dated with the same year of the application, or the letter from the Department of Defense. A copy of the Veteran's Benefit Summary letter can be found on EBenefits, at the local VA Office, or by calling the VA at 800-827-1000.
3. **OWNERSHIP REQUIREMENT:** To qualify, either statement 3A or 3B must be true. If 3B is true, complete section 7, 8, 9, or 10 as applicable on the back of this form. The ownership requirements are discussed under "Ownership and Occupancy 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 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, complete section 6, 7, or 8 on the back of this form. (The occupancy requirements are discussed under "Ownership and Occupancy 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 - Other Individuals:
 - o List all other individuals, including children, who occupy the property as their primary residence.
 - o If more than three people occupy the property, attach an additional sheet listing the names and Social Security numbers for each.
6. **CONFINEMENT TO A HEALTH CARE FACILITY:**
 - 6A - Provide the name of the person confined.
 - 6B - Provide the location of confinement.
 - 6C - Provide the timeframe of confinement.
 - 6D - To qualify for the exemption, the statement must be true.
7. **PROPERTY CONDEMNED BY EMINENT DOMAIN:**
 - 7A - Provide the street address of the condemned property.
 - 7B - Provide the dates of ownership of the condemned property.
 - 7C - Provide the dates the condemned property was occupied as the primary residence.
 - 7D - Provide the date the property was condemned.
 - 7E - You do not qualify for the exemption if you owned and occupied another property between the date of condemnation and the date you owned and occupied your current residence.
 - 7F - To qualify for the exemption, this statement must be true.
 - (You must attach documentation of the transfer including the sales contract, condemnation order and correspondence from the governmental entity.)
8. **PROPERTY DESTROYED OR OTHERWISE RENDERED UNINHABITABLE BY NATURAL DISASTER:**
 - 8A - Provide the street address of the destroyed property.
 - 8B - Provide the dates of ownership of the destroyed property.
 - 8C - Provide the dates the destroyed property was occupied as the primary residence.
 - 8D - Provide the date the property was destroyed.
 - 8E - To qualify for the exemption, the statement must be true.
9. **PROPERTY OWNED BY A TRUST:**
 - 9A - Provide the name of the trust.
 - 9B - Provide the name of the maker or makers of the trust. The maker(s) is the person who established the trust. To qualify, the maker must be the qualifying senior and/or spouse.
 - 9C - Provide the name of the trustee.
 - 9D - Provide the name of each beneficiary of the trust.
 - 9E - To qualify for the exemption, the statement must be true.
10. **PROPERTY OWNED BY A CORPORATE PARTNERSHIP OR OTHER LEGAL ENTITY:**
 - 10A - Provide the name of the corporate partnership or legal entity.
 - 10B - Provide the name of each principal of the corporate partnership or legal entity. To qualify, the qualifying senior or spouse must be a principal of the corporate partnership or entity.
 - 10C - To qualify for the exemption, this statement must be true.
11. **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 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 that person.

Submit your application no later than July 1, to the county assessor's office in which the property is located. If you have questions about your status as a "Gold Star Spouse," please contact Department of Military and Veteran Affairs. If you have any other questions about this program, please contact the county tax assessor's office.

El Paso County Assessor's Office
1675 W. Garden of the Gods Road, Suite 2300
Colorado Springs, CO 80907
(P) 719-520-6600 (Fax) 719-520-6635

PROPERTY TAX EXEMPTION APPLICATION FOR GOLD STAR SPOUSE

This is a confidential document

(For Official Use Only)

SEND APPLICATION TO:

El Paso County Assessor's Office
1675 W. Garden of the Gods Road, Suite 2300
Colorado Springs, CO 80907
(P) 719-520-6600 (Fax) 719-520-6653

1. Identification of Applicant and Property

| | | | |
|--|-------------|--------------------------------------|---|
| Applicant's Name (First, Middle Initial and Last) | | Social Security Number (Required) | |
| 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. <input type="checkbox"/> |

Email Address:

2. Gold Star Spouse (Both of the following statements must be true.)

2A. I am the Surviving Spouse of a U.S. Armed Forces service member who died in the line of duty or the veteran's death resulted from a service-related injury or disease and I have not remarried. True

2B. I have attached my VA award letter verifying my status as a Gold Star Spouse. Or I have attached my letter from the Department of Defense stating I am a Gold Star Spouse. I understand that I must provide this documentation for this application to be processed. (*Do not include other documents such as a DD214 or VA Compensation letter) True

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

3A. Since January 1 of this year, this 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 of this year. 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, or my prior residence was condemned in an eminent domain proceeding or was destroyed or otherwise rendered uninhabitable by a natural disaster. (If 3B is true, complete section 7, 8, 9 or 10 on the back of this form.) True

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 I am not receiving the senior citizen or the veteran with a disability property tax exemption on any other property in Colorado. True

4B. Statement 4A would be true if not for the fact that I was confined to a health care facility, or my prior residence was condemned in an eminent domain proceeding, or my prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster. If any of these circumstances apply, complete section 6, 7 or 8 (as applicable) on the back of this form. True

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

(You are required to list the valid social security number for each additional person living at this residence.)

| | |
|--|------------------------|
| 5A.1. Person who also occupies property as primary residence | Social Security Number |
| 5A.2. Person who also occupies property as primary residence | Social Security Number |
| 5A.3. Person who also occupies property as primary residence | Social Security Number |

| | | |
|--|---|-------------------------|
| 6. Complete this section if applicant was/is confined to a nursing home, hospital, or assisted living facility. | | |
| 6A. Name of Confined Individual | 6B. Location | 6C. Dates Confined |
| 6D. 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 | | |
| 7. Complete this section if prior residence was condemned in an eminent domain proceeding. | | |
| 7A. Street address of condemned property | 7B. Dates of ownership of condemned property from: _____ to: _____ | |
| 7C. Dates property was occupied as primary residence from: _____ to: _____ | 7D. Approximate date of condemnation | |
| 7E. Since the condemnation of my prior residence, I have not owned and occupied any property as my primary residence other than the property for which I am applying for exemption. <input type="checkbox"/> True | | |
| 7F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence. <input type="checkbox"/> True | | |
| 8. Complete this section if prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster. | | |
| 8A. Street address of destroyed property | 8B. Dates of ownership of destroyed property From: _____ To: _____ | |
| 8C. Dates property was occupied as primary residence From: _____ To: _____ | 8D. Date property was destroyed by natural disaster | |
| 8E. If the destruction of the prior residence had not occurred, the destroyed property would still be my primary residence. <input type="checkbox"/> True | | |
| 9. Complete this section if property is owned by a trust or an individual as trustee. | | |
| 9A. Name of Trust | 9B. Maker(s) of Trust | |
| 9C. Trustee(s) | 9D.1 Beneficiary | |
| 9D.2 Beneficiary | 9D.3 Beneficiary (attach additional sheets if necessary) | |
| 9E. 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 | | |
| 10. Complete this section if property is owned by a corporate partnership or other legal entity. | | |
| 10A. Name of Corporate Partnership or Legal Entity | 10B.1 Name of Principal | |
| 10B.2 Name of Principal | 10B.3 Name of Principal (attach additional sheets if necessary) | |
| 10C. 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 | | |
| 11. Affidavit and Signature | | |
| 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: _____ |
| You must inform the County Assessor of a change in property ownership or occupancy within 60 days of such change. | | |
| 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. | | |