

PROPERTY TAX EXEMPTION APPLICATION FOR QUALIFYING VETERANS WITH A DISABILITY

This is a confidential document

SEND APPLICATION TO:

Mesa County Assessor
544 Rood Ave.
P.O. Box 20,000
Grand Junction, CO 81501
Phone: 970-244-1610 - Fax: 970-244-1790

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. <input type="checkbox"/>

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 federal department of veterans affairs as one hundred percent permanent through disability retirement benefits, 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%
 True **False**
- 2B. I have attached my VA Summary of Benefits letter **or** my branch of service medical retirement letter, verifying my status as a one hundred percent permanent disabled veteran. 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> True <input type="checkbox"/> 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. <input type="checkbox"/> True <input type="checkbox"/> 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) the property remained unoccupied <input type="checkbox"/> True <input type="checkbox"/> 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 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.



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

February 17, 2021

Your Name
 Address
 City, State, Zip

In Reply Refer to:
 xxx-xx-0000
 27/eBenefits

Dear Mr./Ms. Full Name :

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx-0000

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
	Honorable	MONTH/DAY/YEAR	MONTH/DAY/YEAR

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:	Yes
Your combined service-connected evaluation is:	100%
Your current monthly award amount is:	\$xxxx
The effective date of the last change to your current award was:	MONTH DAY, YEAR
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	Yes
The effective date of when you became totally and permanently disabled due to your service-connected disabilities:	MONTH DAY, YEAR
You are in receipt of special monthly compensation due to the type and severity of your service-connected disabilities:	Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://iris.custhelp.va.gov>.

Sincerely,



Cheryl J Rawls
Assistant Deputy Under Secretary for Field Operations
Office of Outreach and Stakeholder Engagement

EXAMPLE

