



| | |
|----------|---|
| APP NO. | - |
| FILE NO. | - |
| COUNTY | |

Application for Exemption of Property Form A – All Applicants

Before you fill out the application forms, carefully review the information on the preceding instruction page. **Failure to properly complete and submit your application may result in its rejection, substantial delays or denial of the requested exemption.**

1. Property owner (as on deed or title)

| |
|---------------|
| Name |
| |
| |
| Address |
| |
| |
| Daytime Phone |
| |

2. Contact

| |
|--|
| Name |
| |
| |
| Address (if different than in Section 1) |
| |
| |
| Daytime Phone (if different than in Section 1) |
| |
| Email Address (optional) |
| |

3. County in which property is located

| |
|--|
| |
|--|

4. Type of property (check one or both)

| | |
|---|--|
| ← REAL (land, buildings, mobile homes, leasehold improvements, possessory interest) | ← PERSONAL (furniture, equipment, and other moveable items not affixed to land or buildings) |
|---|--|

5. Physical location or street address of property (Please attach directions to the property.)

| |
|--|
| |
|--|

6. Legal description of REAL property, as on assessment records/deed (use attachments as needed)

| | |
|---------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (check if continued/attached) → | |

7. Key dates (Month/Day/Year)

| 7.A. Date of acquisition (as on deed or title) | 7.B. Date actual use for exempt purposes began | 7.C. Date construction or renovation began |
|--|--|--|
| / / | / / | / / |

8. Is property both owned and used for religious purposes? (check only one)

| | |
|--|--|
| | ← YES – STOP: <u>complete and attach supplemental Form B</u> ; then return to this form and <u>complete Section 16</u> . |
| | ← NO – Continue with the remaining sections of this form. |

9. Current market values of this property

| Land | Buildings and other improvements | Personal (furniture, equipment, and other moveable items) |
|------|----------------------------------|---|
| \$ | \$ | \$ |

10. Description of property owner? (check only one category)

| | | | |
|--|-------|-------------------------|---------------|
| ← Colorado non-profit corporation | | | |
| ← Other non-profit corporation | State | Registered in Colorado? | YES → NO → |
| ← Unincorporated, non-profit association | | | |
| ← Limited Liability Company | | | |
| ← Limited Partnership | | | |
| ← Trust | | | |
| ← For-profit corporation (This is an option for charitable child care centers ONLY.) | | | |
| ← Entity formed for the purpose of obtaining federal tax credits. | | | |
| ← Individual (This is an option for charitable child care centers ONLY.) | | | |
| ← Other (describe): | | | |

11. Owner’s purpose(s) (in your own words, not those of the organizational documents)

| |
|--|
| |
| |
| |
| |
| |
| |

12. Uses of the property (detailed description) Unused property CANNOT be granted exemption

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

13. History

| | | | |
|--|----------------------|--------------------------|------|
| Name of prior property owner (if known) | | | |
| Has your organization previously applied for property tax exemption in Colorado? | YES → | <input type="checkbox"/> | NO → |
| If YES above: County | File No. | Owner name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

14. **Required** document attachments (include **all for the owner**, and check as done; otherwise explain. If applying for exemption as a charitable child care center, include documents for the user only, if different from the owner.)

| | | |
|---|--------------------------|--|
| A. | <input type="checkbox"/> | ← ALL organizational documents (e.g. Articles of Incorporation/Organization, Bylaws, Partnership Agreement) If you are certain that current copies of the above are already on file with our office, so note in D below. |
| B. | <input type="checkbox"/> | ← Financial statements, to include balance sheet and operating statement, for the owner’s last fiscal year |
| C. | <input type="checkbox"/> | ← Annual report, and/or any published brochures explaining the owner’s organization and activities |
| D. Explaining missing document attachments: | | <input type="text"/> |
| <input type="text"/> | | |

15. Required forms (check all applicable categories; complete and attach each noted supplemental form)

| | | |
|--|--|---------------|
| <input type="checkbox"/> | ← School (39-3-107, C.R.S.) | Form C |
| <input type="checkbox"/> | ← Licensed Health Care Facility (39-3-108(1)(b), C.R.S.) | Form D |
| <input type="checkbox"/> | ← Domestic Water Company (39-3-108(1)(c), C.R.S.) | Form E |
| <input type="checkbox"/> | ← Amateur Sports Organization (39-3-108(1.3), C.R.S.) | Form F |
| <input type="checkbox"/> | ← Community Corrections Facility (39-3-108.5, C.R.S.) | Form G |
| <input type="checkbox"/> | ← Child Care Center (39-3-110, C.R.S.) | Form H |
| <input type="checkbox"/> | ← Fraternal or Veterans Organization (39-3-111, C.R.S.) | Form I |
| <input type="checkbox"/> | ← Health Care Services – Non-licensed facility occupied by physician/dentist (39-3-111.5, C.R.S.) | Form J |
| <input type="checkbox"/> | ← Charitable Purposes – Non-residential* (39-3-108(1)(a), C.R.S.) (use if other categories do not apply) | Form K |
| <input type="checkbox"/> | ← Charitable Purposes – Residential* (39-3-109, 112, 112.5 and 113, C.R.S.) | Form L |
| <input type="checkbox"/> | ← Housing Provider for Future Low-income Buyers (39-3-113.5, C.R.S.) | Form M |
| * “Residential” means average occupancy exceeds 90 days. | | |

16. Signature and verification

| | | | |
|--|----------------------|-----------------------|--|
| <i>I declare, under penalty of perjury in the second degree, that I have examined this application, including any accompanying statements and documents, and to the best of my knowledge and belief, it is true, correct and complete.</i> | | | |
| Signature | <input type="text"/> | Date (Month/Day/Year) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | Printed Name | | Title |
| | <input type="text"/> | | <input type="text"/> |

The portion below is to be completed by the County Assessor

Please complete each of the following items with respect to the subject property. Forward the original of the application form and the supporting documents to the Division of Property Taxation, along with the applicant's check. Make a copy of the application and retain it for your files if desired. You will be notified when a determination is reached.

A. Date application was postmarked or hand delivered your office (mm/dd/yy) / /

B. Legal description (Section 6) or personal property location (Section 5) Correct → Incorrect →

C. Name of owner (Section 1) Correct → Incorrect →

If B and/or C above are incorrect, please attach correct information and/or provide it in the Comments field below.

D. Date title transferred (mm/dd/yy) / /

E. Date deed recorded (mm/dd/yy) / /

Reception Number Or book page

F. State Parcel ID

If multiple parcels apply, please identify each by legal description in the Comments field below.

G. Tax Area

If multiple tax areas apply, please identify each by location in the Comments field below.

H. ACTUAL Value

Land \$ Improvements \$ Personal \$

I. PLEASE PROVIDE COPIES OF THE PROPERTY RECORD AND A PLAT OF THE AREA

| | | | |
|-----------------|-------------------------|-----------------|--|
| County Assessor | <input type="text"/> | Date (Mm/Dd/Yy) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | By <input type="text"/> | | Phone <input type="text"/> - <input type="text"/> - <input type="text"/> |

Comments

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |