



DENVER PROPERTY TAX RELIEF APPLICATION

This application is for homeowners. If you are a renter, please download the application for renters.

Applications for the Denver Property Tax Relief Program must be submitted between May 1, 2020 and April 30, 2021. You must meet the following criteria to be eligible for the program:

- You must have turned 65 years of age or older during 2019, **or** have been disabled all of 2019, **or** have a dependent minor child who resided with you all of 2019; **and**
- You must have owned the property that you lived in throughout 2019, within the City and County of Denver, and paid your 2019 property taxes.

FOR APPLICANT ONLY: PLEASE COMPLETE ALL SECTIONS

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	DID YOU LIVE IN THE HOUSEHOLD ALL OF 2019?	WERE YOU DISABLED ALL OF 2019?
DATE OF BIRTH (MONTH, DAY, YEAR)	EARNINGS/WAGES	SOCIAL SECURITY BENEFITS	OTHER INCOME	
MAILING ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)			PHONE NUMBER	

HOUSEHOLD MEMBERS OVER 18 CONTRIBUTING TO HOUSEHOLD EXPENSES

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH (MM/DD/YYYY)	DISABLED ALL OF 2019?
LIVED IN HOUSEHOLD ALL OF 2019?	RELATIONSHIP TO APPLICANT	EARNINGS/WAGES	SOCIAL SECURITY INCOME	OTHER INCOME

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH (MM/DD/YYYY)	DISABLED ALL OF 2019?
LIVED IN HOUSEHOLD ALL OF 2019?	RELATIONSHIP TO APPLICANT	EARNINGS/WAGES	SOCIAL SECURITY INCOME	OTHER INCOME

HOUSEHOLD DEPENDENTS UNDER AGE 18

NAME (LAST, FIRST, MIDDLE)	LIVED IN THE HOUSEHOLD ALL OF 2019	WAGES/INCOME/SOCIAL SECURITY
SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (MM/DD/YYYY)

NAME (LAST, FIRST, MIDDLE)	LIVED IN THE HOUSEHOLD ALL OF 2019	WAGES/INCOME/SOCIAL SECURITY
SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (MM/DD/YYYY)

NAME (LAST, FIRST, MIDDLE)	LIVED IN THE HOUSEHOLD ALL OF 2019	WAGES/INCOME/SOCIAL SECURITY
SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (MM/DD/YYYY)

PLEASE LIST THE COMPLETE ADDRESSES OF ALL PLACES YOU LIVED IN 2019

ADDRESS, CITY, STATE, ZIP CODE	RENT OR OWN	START DATE MONTH, DAY, YEAR	END DATE MONTH, DAY, YEAR



**I AFFIRM THAT THE INFORMATION I'VE PROVIDED ON THIS APPLICATION IS,
TO THE BEST OF MY KNOWLEDGE, TRUE, CORRECT AND COMPLETE.**

FURTHER PROOF OF ELIGIBILITY MAY BE REQUIRED TO PROCESS YOUR APPLICATION. PLEASE NOTE, PROCESSING YOUR APPLICATION AND MAILING YOUR CHECK (IF APPROVED) MAY TAKE SEVERAL MONTHS.

APPLICANT SIGNATURE

DATE

The City and County of Denver is also offering an additional \$50 to your benefit amount to assist residents with increased wastewater fees. This additional assistance will not be permanent.

TO BE COMPLETED BY DENVER HUMAN SERVICES

DATE APPLICATION RECEIVED: _____

APPLICATION NUMBER: _____

DID THE LANDLORD/HOMEOWNER PAY ALL PROPERTY TAXES?

YES

NO

IF YES, AMOUNT: _____

APPROVED

DENIED, REASON: _____

PENDING / REASON: _____

LETTER SENT DATE: _____

PROCESSED BY: _____