



# Denver Property Tax Relief Program

## **Attestation of Return Applicant of no material changes in circumstances affecting eligibility**

The rules of the Denver Property Tax Relief Program allow, in lieu of submitting a full application, acceptance of an attestation, on a form the department approves, from a recipient that received Denver Property Tax Relief Assistance or funds in the immediately prior program year, through which the applicant would only be required to report any changes in applicant's circumstances.

The purpose of the attestation is to assist returning applicants and reduce their burden in applying for the program assistance of funds in subsequent years to their original application. This is the approved program attestation form for those returning applicants who qualify for its use.

### **Application by Attestation**

I, \_\_\_\_\_ (full name of applicant), hereby attest as true and accurate to the best of my knowledge, knowing that the penalty for any false statement I make in this form may result in a denial of assistance funds to me under this program, that no material changes have occurred to my circumstances in the time since my last full application for this program was submitted. This includes no material changes to:

- a) my residing in eligible dwelling units during the entire year prior to this attestation,
- b) my income during the entire year prior to this attestation,

Further, I understand and acknowledge that Denver Human Services (DHS), in administering this program, will verify my information through sources available to it, and that I further specifically authorize DHS to access and utilize any of my information which DHS has record of that is related to or part of my prior years' application.

By signing below, I attest to the truth of this information I am providing to the extent of my belief and understanding and specifically request that this attestation be accepted as my application for the Denver Property Tax Relief Program, in lieu of a full application, for the program year of \_\_\_\_\_.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_