

Property Tax

Appraisal District's Name		Phone (area code and number)	
Appraisal District Address, City, State, ZIP Code		Website address (if applicable)	
	Public Accounts. Location and address info	our property is located. Do not file this document rmation for the appraisal district office in your	
	for use in claiming residence homestead exemption property that you own and occupy as your princip	ons pursuant to Tax Code Sections 11.13, 11.131, 11.132, al place of residence.	
HERE TO FILE: This document, and all supporting documentation, must be filed with the appraisal district in the county in which your property is located acation and address information for the appraisal district office in your county may be found at comptroller.texas.gov/propertytax/references/directory/cad.			
the year for which you are requesting an exempt	ion. If you qualify for the age 65 or older or disable	tion beginning Jan. 1 and no later than April 30 of ed persons exemption or the exemption for donated anniversary of the date you qualify for the exemption.	
Pursuant to Tax Code Section 11.431, you may file a late application for a residence homestead exemption, including an exemption under Tax Code Sections 11.131, 11.132 and 11.133, after the deadline for filing has passed if it is filed not later than one year after the delinquency date for the taxes on the nomestead.			
		nally. You must reapply if the chief appraiser requires you otify the chief appraiser in writing before May 1 of the	
	OTHER IMPORTANT INFORMATION		
from you. You must provide the additional inform	9 11	the chief appraiser may request additional information on is denied. For good cause shown, the chief appraiser d not to exceed 15 days.	
State the Year for Which You are Applying	ng		
Tax Year Date when you began occi	upying the property as your principal residence		
Do you own the property for which you are seek	ing a residence homestead exemption?		
STEP 1: Property Owner/Applicant Info	rmation		
The applicant is the following type of property ov	vner:		
Single Adult Married Couple	Other (e.g., individual who owns the	property with others)	
Name of Property Owner 1	Birth Date* (mm/dd/yyyy)	Driver's License, Personal ID Certificate, or Social Security Number**	
Primary Phone Number (area code and number)	Email Address***	% Ownership Interest	
Name of Property Owner 2 (e.g., Spouse, Co-Owner/Individual)	Birth Date* (mm/dd/yyyy)	Driver's License, Personal ID Certificate, or Social Security Number**	
Division Dhara Nearban (ausa and and a	F 14.11 ***	O/ Own and in laterant	

Place an "X" or check mark in the box if the ownership interest(s) identified above is less than 100 percent (100%) in the property for which you are claiming a residence homestead exemption. Provide on a separate sheet the following information for each additional person who has an ownership interest in the property: property owner's name; birth date; driver's license, personal ID certificate, or social security number; primary phone number; email address; and percentage (%) of ownership interest in the property.



Is any portion of the property for which you are	claiming a residence homestead exemption incor	ne producing? Yes No
If you answered "Yes," please indicate the perce	entage of the property that is income producing: _	%
STEP 2: Property that Qualifies for Res	sidence Homestead Exemption	
Provide the physical address of the property you	own and occupy as your principal residence and fo	r which you are claiming a residence homestead exemption:
Physical Address (i.e. street address, not P.O. Box), Cit	ty, County, ZIP Code	
Legal Description (if known)		Appraisal District Account Number (if known)
Applicant's mailing address (if different from the physic	al address of the principal residence provided above):	
Number of acres (or fraction of an acre, not to e	exceed 20 acres) you own and occupy as your pri	ncipal residence: acres
If your principal residence is a manufactured ho	me, provide the make, model and identification ne	umber:
Make	Model	ID Number
	cooperative housing corporation, do you have ar fied above?	
STEP 3: Types of Residence Homestea	d Exemptions	
brief description of the qualifications for each type	pe of exemption is provided beside the exemption on sult Tax Code Chapter 11, Taxable Property and	applying for the property described above in Step 2. A name. For complete details regarding each type of exemptions. You may call your county appraisal district to
		may qualify for this exemption if: (1) you owned this not your spouse do not claim a residence homestead
DISABLED PERSON EXEMPTION (Tax Code Section 11.13(c), (d)): You may qualify for this exemption if you are under a disability for purposes of payment of disability insurance benefits under Federal Old-Age, Survivors, and Disability Insurance. You cannot receive an age 65 or older exemption if you receive this exemption.		
		s exemption if you are 65 years of age or older. This we a disability exemption if you receive this exemption.
(Tax Code Section 11.13(q)): You may qual exemption under Tax Code Section 11.13(q)	d); (2) you were 55 years of age or older when your dispouse died and remains your residence home	MPTION the died in a year in which he or she qualified for the our deceased spouse died; and (3) the property was your estead. You cannot receive this exemption if you receive an
Name of Deceased Spouse		Date of Death
	ent of Veterans Affairs or its successor: (1) 100 pe	for this exemption if you are a disabled veteran who reent disability compensation due to a service-connected



	SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED OR WOULD HAVE QUALIFIED FOR EXEMPTION (Tax Code Section 11.131(c), (d)): You may qualify for this exemption if you were married to exemption under Tax Code Section 11.131(b) at the time of his or her death or would have qualified for the effect on the date the disabled veteran died and: (1) you have not remarried since the death of the disabled residence homestead when the disabled veteran died and remains your residence homestead.	a disabled veteran who qualified for an ne exemption if the exemption had been in	
	Name of Deceased Spouse	Date of Death	
	DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN (Tax Code Section 11.13 if you are a disabled veteran with a disability rating of less than 100 percent and your residence homeste organization at no cost to you. Please attach all documents to support your request.		
	Percent Disability Rating		
	SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION (Tax Code Section 11.132(c), (d)): You may qualify for this exemption if you were married to a disabled veteran who qualified for an exemption under Tax Code Section 11.132(b) at the time of his or her death and: (1) you have not remarried since the death of the disabled veteran and (2) the property was your residence homestead when the disabled veteran died and remains your residence homestead. Please attach all documents to support your request.		
	Name of Deceased Spouse	Date of Death	
	SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION (Tax Code Section 11. exemption if you are the surviving spouse of a member of the United States armed services who is killed the death of the member of the armed services. Please attach all documents to support your request.		
ST	EP 4: Tax Limitation or Exemption Transfer		
Place	e an "x" or check mark beside the type of tax limitation or surviving spouse exemption transfer you seek fi	rom your previous residence homestead:	
Щ	Tax limitation (Tax Code Section 11.26(h) or 11.261(h))		
Щ	100% Disabled Veteran's Exemption (Tax Code Section 11.131(d))		
Ш	Donated Residence Homestead of Partially Disabled Veteran (Tax Code Section 11.132(d))		
	Member of Armed Forces Killed in Action (Tax Code Section 11.133(c))		
	Address of last residence homestead:		
	Previous Residence Address, City, State, ZIP Code		
ST	EP 5: Application Documents		
issu	ch a copy of your driver's license or state-issued personal identification certificate. The address list be property for which an ertain cases, you are exempt from these requirements or the chief appraiser may waive the require	exemption is claimed in this application.	
Indic	ate if you are exempt from the requirement to provide a copy of your driver's license or state-issued person	nal identification certificate:	
	I am a resident of a facility that provides services related to health, infirmity, or aging.		
	Name and Address of Facility		
	I am certified for participation in the address confidentiality program administered by the Office of the Chapter 56, Code of Criminal Procedure.	e Texas Attorney General under Subchapter C,	



Application for Residence Homestead Exemption

	if you request that the chief appraiser waive the requirement that the address of the property for which the exemption is claimed corresponds to the listed on your driver's license or state-issued personal identification certificate:
	I am an active duty member of the armed services of the United States or the spouse of an active duty member. Attached are a copy of my military identification card or that of my spouse and a copy of a utility bill for the property subject to the claimed exemption in my name or my spouse's name.
	I hold a driver's license issued under Section 521.121(c) or 521.1211, Transportation Code. Attached is a copy of the application for that license to the Texas Department of Transportation.
In addition	GE 65 OR OLDER OR DISABLED PERSON exemption: on to the information identified above, an applicant for an age 65 or older or disabled exemption who is not specifically identified on a deed or other nt recorded in the applicable real property records as an owner of the residence homestead must provide an affidavit (see last page) or other convidence establishing the applicant's ownership of an interest in the homestead.
In addition	0% DISABLED VETERAN exemption: In to the information identified above, an applicant for a 100% disabled veteran's exemption or the surviving spouse of a disabled veteran who qualities to the information identified above, an applicant for a 100% disabled veteran's exemption must provide documentation from the United States Department of Veterans Affairs indicating that the veteran 100 percent disability compensation due to a service-connected disability and had a rating of 100 percent disabled or individual unemployability.
	IUFACTURED HOMES: Inufactured home to qualify for a residence homestead, applicant must provide:
1) a cop	by of the statement of ownership and location for the manufactured home issued by the Texas Department of Housing and Community Affairs ing that the applicant is the owner of the manufactured home;
2) a cor	by of the purchase contract or payment receipt showing that the applicant is the purchaser of the manufactured home; or
a) b)	orn affidavit (see last page) by the applicant indicating that: the applicant is the owner of the manufactured home; the seller of the manufactured home did not provide the applicant with a purchase contract; and the applicant could not locate the seller after making a good faith effort.
STEP	6: Affirmation and Signature
If you	E REGARDING PENALTIES FOR MAKING OR FILING AN APPLICATION CONTAINING A FALSE STATEMENT: make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony Penal Code Section 37.10.
"I,	, swear or affirm the following:
for which residenc	Printed Name of Property Owner each fact contained in this application is true and correct; (2) that I meet the qualifications under Texas law for the residence homestead exemption I am applying; (3) that I do not claim an exemption on another residence homestead in Texas or claim a residence homestead exemption on a e homestead outside Texas; and (4) that I have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing Statement."
sign here	
	Signature of Property Owner/Applicant or Person Authorized to Sign the Application (Only a person with a valid power of attorney or court-ordered designation is authorized to sign the application on behalf of the property owner.)

Under Tax Code Section 11.43(m), a person who receives a general residence homestead exemption in a tax year is entitled to receive the age 65 or older exemption in the next tax year on the same property without applying for it, if the person becomes 65 years old in that next year as shown by certain information in the appraisal district records or information the Texas Department of Public Safety provided to the appraisal district under Section 521.049 of the Transportation Code.

^{**} Disclosure of your social security number (SSN) may be required and is authorized by law for the purpose of tax administration and identification of any individual affected by applicable law. Authority: 42 U.S.C. § 405(c)(2)(C)(i); Tax Code § 11.43(i). Except as authorized by Tax Code Section 11.48(b), a driver's license number, personal identification certificate number, or social security number provided in this application for an exemption filed with your county appraisal district is confidential and not open to public inspection under Tax Code Section 11.48(a).

^{***} An email address of a member of the public could be confidential under Government Code Section 552.137; however, by including the email address on this form, you are affirmatively consenting to its



AFFIDAVITS: Complete and have Notarized, if Applicable (See Step 4).

AFFIDAVIT FOR OWNER/APPLICANT WHO IS AGE 65 OR OLDER AND OWNERSHIP INTEREST NOT OF RECORD

STATE OF TEXAS COUNTY OF			
Before me, the undersigned authority, personally appearedwho, being by me duly sworn, deposed as follows:			
and all of the facts in it are true and correct. I am an owner of the proper			
Further, Affiant sayeth not."	SUBSCRIBED AND SWORN TO before me this, the		
O' LANGE	, day of,		
Signature of Affiant			
	Notary Public in and for the State of Texas		
	My Commission expires:		
AFFIDAVIT FOR OWNER/APPLICANT WHO HAS QUA	LIFYING DISABILITY AND OWNERSHIP INTEREST NOT OF RECORD		
STATE OF TEXAS COUNTY OF			
Before me, the undersigned authority, personally appearedwho, being by me duly sworn, deposed as follows:			
	and I am applying for a residence homestead exemption for I am fully competent to make this affidavit; I have personal knowledge of the facts in er of the property identified in this application although I am not identified as an owner y records of the county where my residence homestead is located.		
Further, Affiant sayeth not."	SUBSCRIBED AND SWORN TO before me this, the		
Signature of Affiant	, day of,		
	Notary Public in and for the State of Texas		
	My Commission expires:		
AFFIDAVIT FOR OWNER/APPLICANT WITHOUT W	RITTEN OWNERSHIP DOCUMENT FOR MANUFACTURED HOME		
STATE OF TEXAS COUNTY OF			
Before me, the undersigned authority, personally appearedwho, being by me duly sworn, deposed as follows:			
	and I am applying for a residence homestead exemption as an competent to make this affidavit; I have personal knowledge of the facts in this affidavit nufactured home identified in this application. The seller of the manufactured home did ler after making a good faith effort.		
Further, Affiant sayeth not."	SUBSCRIBED AND SWORN TO before me this, the		
Signature of Affiant	, day of,		
	Notary Public in and for the State of Texas		
	My Commission expires:		