# Residence Homestead Exemption Application

Appraisal District's Name		Phone (area code and num	iber)
Appraisal District Address, City, State, ZIP Code		Website address (if applicable)	
<b>GENERAL INSTRUCTIONS</b> This application is for use in clai 11.133, 11.134 and 11.432. The exemptions apply only to proper			13, 11.131, 11.132,
FILING INSTRUCTIONS: You must furnish all information an whether the statutory qualifications for the exemption have be appraisal district office in each county in which the proper Accounts. A directory with contact information for appraisal of the county in the contact information for appraisal of the county in the contact information for appraisal of the county in the contact information for appraisal of the county in the contact information for appraisal of the county in the contact information for appraisal of the county in the contact information and the county in the county in the contact information and the county in	nd documentation required by t een met. This document and erty is located. Do not file th	his application so that the chief appraiser is a all supporting documentation must be file is document with the Texas Comptroller o	ed with the
<b>APPLICATION DEADLINES:</b> You are to file the completed applies the year for which you are requesting an exemption. If you que homesteads of partially disabled veterans, you are to apply for	ualify for the age 65 or older or	disabled persons exemption or the exemption	on for donated
Pursuant to Tax Code Section 11.431, you may file a late appl beginning with the 2016 tax year, the late application must be			
<b>DUTY TO NOTIFY:</b> If the chief appraiser grants the exemptio to do so or if you want the exemption to apply to property not year after your right to this exemption ends.		must notify the chief appraiser in writing before	
Pursuant to Tax Code Section 11.45, after considering this approximation from you. You must provide the additional information within 3 may extend the deadline for furnishing the additional information.	plication and all relevant inform 30 days of the request or the a	nation, the chief appraiser may request additional pplication is denied. For good cause shown,	
SECTION 1: Former and Current Residence			
Do you own and live in the property for which you are seeking	g this residence homestead ex	kemption?	Yes No
Date you purchased this property  Date you began occupy as your principal reside	ying this property	pplying for this exemption for ta	x year(s).
Previous Residence Address, City, State, ZIP Code		Previous County	
Were you receiving a homestead exemption on your previous	residence?		Yes No
SECTION 2: Property Owner/Applicant			
The applicant is the following type of property owner:			
Single Adult Married Couple	Other (e.g., individual who ow	ons the property with others)	
Name of Property Owner 1	Birth Date* (mm/dd/yyyy)	Driver's License, Personal I or Social Security Number*	
Primary Phone Number (area code and number) Email Address	<b>5</b> ***	Percent Ownership Interest	
Name of Property Owner 2 (e.g., Spouse, Co-Owner/Individual)	Birth Date* (mm/dd/yyyy)	Driver's License, Personal I or Social Security Number*	
Primary Phone Number (area code and number) Email Address	5***	Percent Ownership Interest	
Place an <b>X</b> or check mark in the box if the ownership in residence homestead exemption. In section 8 of this for in the property: property owner's name; birth date; drive address; and percentage of ownership interest in the pr	rm, provide the following informer's license, personal ID certific	nation for each additional person who has an	n ownership interest

### SECTION 3: Types of Residence Homestead Exemptions

Name of Deceased Spouse	Date of Death
<b>SURVIVING SPOUSES:</b> If you indicated eligibili deceased spouse:	y for one of the surviving spouse exemptions above, provide the following information regarding your
	<b>PONDER KILLED IN THE LINE OF DUTY</b> (Tax Code Section 11.134). You may qualify if: rst responder who is killed or fatally injured in the line of duty; and eath of the first responder.
<ul> <li>you are the surviving spouse of a r</li> </ul>	F ARMED SERVICES KILLED IN ACTION (Tax Code Section 11.133(b) and (c)). You may qualify if: nember of the U.S. armed services who is killed in action; and eath of the member of the armed services.
	mestead when the disabled veteran died and remains your residence homestead.
Section 11.132(c) and (d)). You may qualif  • you were married to a disabled vet	eran who qualified for an exemption under Tax Code Section 11.132(b) at the time of his or her death;
Percent Disability Rating	
<ul><li>you are a disabled veteran with a c</li><li>your residence homestead was do</li></ul>	OF PARTIALLY DISABLED VETERAN (Tax Code Section 11.132(b)). You may qualify if: isability rating of less than 100 percent; and nated to you by a charitable organization at no cost to you or at some cost that is not more than 50 percent arket value of the residence homestead as of the date the donation is made.
the property was your residence here.	mestead when the disabled veteran died and remains your residence homestead.
<ul> <li>VETERAN'S EXEMPTION (Tax Code Se</li> <li>you were married to a disabled vet</li> </ul>	VETERAN WHO QUALIFIED OR WOULD HAVE QUALIFIED FOR THE 100 PERDENT DISABLED ction 11.131(c) and (d)). You may qualify if:  eran who qualified for an exemption under Tax Code Section 11.131(b) at the time of his or her death or cion if the exemption had been in effect on the date the disabled veteran died;  eath of the disabled veteran; and
Is the disability a permanent total disability. U.S. Department of Veterans Affairs unde	
from the U.S. Department of Veterans Affa	n due to a service-connected disability; and
receive this exemption if you receive an e your deceased spouse died in a ye you were 55 years of age or older	LAL WHO QUALIFIED FOR AGE 65 OR OLDER EXEMPTION (Tax Code Section 11.13(q)). You cannot exemption under Tax Code Section 11.13(d). You may qualify if: ar in which he or she qualified for the age 65 or older exemption under Tax Code Section 11.13(d); when your deceased spouse died; and exemption under Tax Code Section 11.13(d); when your deceased spouse died and remains your residence homestead.
65. You cannot receive a disability exemp	ode Section 11.13(c) and (d)). This exemption is effective Jan. 1 of the tax year in which you become age ion if you receive this exemption. You may qualify if you are 65 years of age or older.
	Code Section 11.13(c) and (d)). You cannot receive an age 65 or older exemption if you receive this er a disability for purposes of payment of disability insurance benefits under Federal Old-Age, Survivors,
<ul><li>you owned this property on Jan. 1;</li><li>you occupied it as your principal re</li></ul>	EXEMPTION (Tax Code Section 11.13(a) and (b)). You may qualify if: sidence on Jan. 1; and a residence homestead exemption on any other property.
A brief description of the qualifications for each	esidence homestead exemption for which you are applying for the property described above in section 4. ype of exemption is provided beside the exemption name. For complete details regarding each type of ould consult Tax Code Chapter 11, Taxable Property and Exemptions. You may call your county appraisal are offered by the taxing units in your area.
Diago an V or sheet mark baside and time of	poidones hamostand exemption for which you are applying for the preparty described share in another

#### SECTION 4: Property that Qualifies for Residence Homestead Exemption

Provide the physical address of the property you own ar	nd occupy as your principal resider	nce and for which you are	claiming a residence I	nomestead exemption	on.
Physical Address (i.e. street address, not P.O. Box), City, Cour	nty, ZIP Code				
Legal Description (if known)			Appraisal District Accour Property Identification No		
Applicant's Mailing Address (if different from the physical add	ress of the principal residence provide	ed above)			
Is any portion of the property for which you are claiming	ng a residence homestead exemp	otion income producing?.		Yes I	No
If yes, indicate the percentage of the property that	is income producing:	percent			
Number of acres (or fraction of an acre, not to exceed	20 acres) you own and occupy a	s your principal residence	e:	acres	
If your principal residence is a manufactured home, pr	rovide the make, model and ident	ification number:			
Make	Model		D Number		_
If the ownership of your property is in stock in a coope to occupy the unit at the physical address identified at				Yes	No
SECTION 5: Application Documents					
Attach a copy of your driver's license or state-issue personal identification certificate must correspond be exempt from these requirements if you reside in may waive the requirements for certain active duty.  Indicate if you are exempt from the requirement to pro  I am a resident of a facility that provides service	to the address of the property for certain facilities or participate U.S. armed services members ovide a copy of your driver's licens	for which an exemption in a certain address con or their spouses or hold be or state-issued personate.	is claimed in this ap ifidentiality program. ers of certain driver's	plication. You may The chief appraise s licenses.	_
Name and Address of Facility  I am certified for participation in the address con Procedure Chapter 56, Subchapter C.	nfidentiality program administered	I by the Office of the Texa	ıs Attorney General uı	nder Code of Crimin	nal
Indicate if you request that the chief appraiser waive t the address listed on your driver's license or state-issue.	•	,	the exemption is clain	ned corresponds to	
I am an active duty member of the U.S. armed scard or that of my spouse and a copy of a utility	•	,		•	
I hold a driver's license issued under Transporta	ation Code Section 521.121(c) or s	521.1211. Attached is a co	ppy of the application	for that license.	

#### 100 PERCENT DISABLED VETERAN OR SURVIVING SPOUSE EXEMPTION

An applicant for this exemption must provide documentation from the U.S. Department of Veterans Affairs indicating that the veteran:

- received 100 percent disability compensation due to a service-connected disability; and
- had a rating of 100 percent disabled or individual unemployability.

#### An applicant must provide documentation to support the request for the following exemptions:

- Donated Residence Homestead of Partially Disabled Veteran
- Surviving Spouse of Member of Armed Forces Killed In Action
- Surviving Spouse of First Responder Killed In The Line Of Duty

## Texas Comptroller of Public Accounts

SECTION 6: Tax Limitation or Exemption Transfer
If you are seeking to transfer a tax limitation or surviving spouse exemption from a previous residence, place an <b>X</b> or check mark beside the type of tax limitation or exemption transfer you are seeking. Otherwise skip this section.
Tax limitation (Tax Code Section 11.26(h) or 11.261(h))
100 Percent Disabled Veteran's Exemption (Tax Code Section 11.131(d))
Donated Residence Homestead of Partially Disabled Veteran (Tax Code Section 11.132(d))
Member of Armed Services Killed in Action (Tax Code Section 11.133(c))
First Responder Killed in the Line of Duty (Tax Code Section 11.134(d))
Address of last residence homestead:
Previous Residence Address, City, State, ZIP Code
SECTION 7: Ownership Documentation; Affidavits
Complete this section if the residence homestead is a manufactured home <b>OR</b> you are an applicant for an age 65 or older or disabled exemption and you are not specifically identified on the deed or other instrument. Otherwise, skip this section.
AGE 65 OR OLDER OR DISABLED PERSON EXEMPTION If you are not specifically identified on a deed or other instrument recorded in the applicable real property records as an owner of the residence homestead, you must provide:
an affidavit (see last page); <u>or</u>
<ul> <li>other compelling evidence establishing the applicant's ownership of an interest in the homestead.</li> </ul>
MANUFACTURED HOMES  Owners of manufactured homes seeking a residence homestead exemption must provide:
<ul> <li>a copy of the statement of ownership for the manufactured home issued by the Texas Department of Housing and Community Affairs showing that the applicant is the owner of the manufactured home;</li> </ul>
<ul> <li>a copy of the sales purchase agreement, other applicable contract or agreement or payment receipt showing that the applicant is the purchaser of the manufactured home; or</li> </ul>
a sworn affidavit (see last page) by the applicant indicating that:
a) the applicant is the owner of the manufactured home;
b) the seller of the manufactured home did not provide the applicant with the applicable contract or agreement; and
c) the applicant could not locate the seller after making a good faith effort.
SECTION 8: Additional Information
If you own other residential property in Texas, please list the county(ies) of location.
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, swear or affirm the following:

#### SECTION 9: Affirmation and Signature

NOTICE REGARDING PENALTIES FOR MAKING OR FILING AN APPLICATION CONTAINING A FALSE STATEMENT: If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.

	Printed Name of Property Owner		
1.	that each fact contained in this application is true and correct;		
2.	that I meet the qualifications under Texas law for the residence homestead exemption for which I am applying;		
3.	that I do not claim an exemption on another residence homestead or clair Texas; and	m a residence homestead exemption on a residence homestead outside	
4.	that I have read and understand the Notice Regarding Penalties for Make	ing or Filing an Application Containing a False Statement.	
sig: her	e •		
	Signature of Property Owner/Applicant or Authorized Representative	Date	
indivi	E: If an individual other than the property owner/applicant is filing this form dual shall provide evidence of his or her capacity and authority to represer her own name as a representative of the property owner/applicant, the re	nt the property owner/applicant in this matter. In signing the affirmation in	
_	each fact contained in this application is true and correct:		

• the property owner/applicant does not claim an exemption on another residence homestead or claim a residence homestead exemption on a residence homestead outside Texas; and

the property owner/applicant meets the qualifications under Texas law for the residence homestead exemption requested;

• the representative has read and understands the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.

<sup>\*</sup> 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 Transportation Code Section 521.049.

<sup>\*\*</sup> 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 Section 11.43(f). Except as authorized by Tax Code Section11.48(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).

<sup>\*\*\*</sup> 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 release under the Public Information Act.

## Affidavits for Residence Homestead Exemption

Complete the appropriate affidavit below (see section 7 of this form) and have it notarized. Attach the completed and notarized affidavit to this application.

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 I am applying for a residence homestead exemption for r; I am fully competent to make this affidavit; I have personal knowledge of the facts ref of the property identified in this application although I am not identified as an
	roperty 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 WHO HAS QUAL	IFYING 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:	
in this affidavit; and all of the facts in it are true and correct. I am an ow	and I am applying for a residence homestead exemption for a multiple for a multip
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 WE	RITTEN OWNERSHIP DOCUMENT FOR MANUFACTURED HOME
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 y competent to make this affidavit; I have personal knowledge of the facts in this i the manufactured home identified in this application. The seller of the manufactured I could not locate the seller 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: