

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.
	•	sal district in the county in which your property is located ptroller.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.
	le a late application for a residence homestead ex dline for filing has passed if it is filed not later than	emption, including an exemption under Tax Code none year after the delinquency date for the taxes on the
		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 claim	ning a residence homestead exemption income produ	icing? Yes No
If you answered "Yes," please indicate the percentage	e of the property that is income producing:%	
STEP 2: Property that Qualifies for Resider	nce Homestead Exemption	
Provide the physical address of the property you own	and occupy as your principal residence and for which y	ou are claiming a residence homestead exemption:
Physical Address (i.e. street address, not P.O. Box), City, Co	unty, ZIP Code	
Legal Description (if known)		Appraisal District Account Number (if known)
Applicant's mailing address (if different from the physical add	dress of the principal residence provided above):	
Number of acres (or fraction of an acre, not to excee	ed 20 acres) you own and occupy as your principal re	sidence: acres
If your principal residence is a manufactured home,	provide the make, model and identification number:	
Make	Model	ID Number
	perative housing corporation, do you have an exclusivabove?	
STEP 3: Types of Residence Homestead Ex	kemptions	
brief description of the qualifications for each type of	ence homestead exemption for which you are applying fexemption is provided beside the exemption name. Fit Tax Code Chapter 11, Taxable Property and Exemptory the taxing units in your area.	or complete details regarding each type of exemp-
	IPTION (Tax Code Section 11.13(a), (b)): You may quaprincipal residence on Jan. 1; and (3) you and your s	
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.		
	Section 11.13(c), (d)): You may qualify for this exempti which you become age 65. You cannot receive a disa	
(Tax Code Section 11.13(q)): You may qualify for exemption under Tax Code Section 11.13(d); (2	QUALIFIED FOR AGE 65 OR OLDER EXEMPTION or this exemption if: (1) your deceased spouse died in 2) you were 55 years of age or older when your deceased susse died and remains your residence homestead. You	a year in which he or she qualified for the ased spouse died; and (3) the property was your
Name of Deceased Spouse		Date of Death
	Tax Code Section 11.131(b)): You may qualify for this of Veterans Affairs or its successor: (1) 100 percent displed or individual unemployability.	



	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 Section 11.132(c), (d)): You may qualify for this exemption if you were married to a disabled veteran who Section 11.132(b) at the time of his or her death and: (1) you have not remarried since the death of the cresidence homestead when the disabled veteran died and remains your residence homestead. Please a	qualified for an exemption under Tax Code lisabled veteran and (2) the property was your	
	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

	you request that the chief appraiser waive the requirement that the address of the property for sted on your driver's license or state-issued personal identification certificate:	which the exemption is claimed corresponds to the
	I am an active duty member of the armed services of the United States or the spouse of an active identification card or that of my spouse and a copy of a utility bill for the property subject to the classical control of the control	, , , , , , , , , , , , , , , , , , , ,
	I hold a driver's license issued under Section 521.121(c) or 521.1211, Transportation Code. Att the Texas Department of Transportation.	ached is a copy of the application for that license to
In addition instrument	GE 65 OR OLDER OR DISABLED PERSON exemption: In to the information identified above, an applicant for an age 65 or older or disabled exemption to trecorded in the applicable real property records as an owner of the residence homestead must dence establishing the applicant's ownership of an interest in the homestead.	
In addition fied for the	% DISABLED VETERAN exemption: I to the information identified above, an applicant for a 100% disabled veteran's exemption or the a 100% disabled veteran's exemption must provide documentation from the United States Departr 00 percent disability compensation due to a service-connected disability and had a rating of 100	ment of Veterans Affairs indicating that the veteran
	JFACTURED HOMES: nufactured home to qualify for a residence homestead, applicant must provide:	
 a copy 	of the statement of ownership and location for the manufactured home issued by the Texas Deng that the applicant is the owner of the manufactured home;	epartment of Housing and Community Affairs
2) a copy	of the purchase contract or payment receipt showing that the applicant is the purchaser of the	e manufactured home; or
a) t b) t	rn 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; <u>ant-unitary</u> the applicant could not locate the seller after making a good faith effort.	d
STEP 6:	: Affirmation and Signature	
If you m	EREGARDING PENALTIES FOR MAKING OR FILING AN APPLICATION nake a false statement on this form, you could be found guilty of a Clasteral Code Section 37.10.	
"I,	Distance of the second of the	, swear or affirm the following:
for which I	Printed Name of Property Owner ach fact contained in this application is true and correct; (2) that I meet the qualifications under I am applying; (3) that I do not claim an exemption on another residence homestead in Texas o homestead outside Texas; and (4) that I have read and understand the Notice Regarding Penaltatement."	r claim a residence homestead exemption on a
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	Date ne 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:		