

Send form to:

**Hood County Appraisal District
P O Box 819
Granbury, Texas 76048-0819
817-573-2471 Fax 817-573-6451**

**Request to Cancel Exemptions
and Port Tax Ceiling
to New Residence**

Name:
In Care of:
Address:

Over-65 and disabled homeowners may under certain circumstances transfer their tax ceilings to a different home. Tax Ceilings on the new home are calculated to give the homeowner the same percentage of tax paid per taxing unit (county, city or school, where applicable) as the original home's tax ceiling per taxing unit.

To transfer the tax ceiling, the homeowner may request a certificate from the chief appraiser in the last appraisal district in which their home received the tax ceiling. The homeowner presents the certificate to the chief appraiser in the district where the new home is located when the owner applies for the homestead exemptions on the new home.

Description of the property on which you currently (or last) receive(d) the over 65 or disabled person homestead exemption:

HCAD ID _____ Geoid _____

Street Address: _____

Legal: _____

IMPORTANT

If you qualified for your homestead on your old home on January 1, _____ and later in the same tax year you acquired a new home, you cannot claim exemptions on both homes. You must choose which homestead to claim.

Indicate your choice by checking one of the following options.

____ Please remove the over-65 or disabled person exemption from my January 1, _____ residence. I understand that I will pay higher taxes on that home, and apply only for over-65 or disabled person exemption on my new home with a tax ceiling certificate that states the last year qualified is the previous year, _____.

____ I will continue the exemptions for the _____ tax year on my January 1 residence. I will wait and apply for exemptions on my new home in January _____ and request a tax ceiling transfer certificate for the old home with _____ as the last year qualified. If this request is made before October 1, I understand the certificate will be mailed after the tax rates are established in the fall and before December 31.

Owner's signature _____ Date _____

Owner's signature _____ Date _____

(All homeowners must sign the request in order for it to be processed)

New mailing address: _____

If you need additional information, my daytime phone number is _____