

APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION FOR

Property ID:	Property Type:	Geo ID:
Legal Description:		
SECTION: Property Owner/Applicant (Provide information for property owners in Additional Information.)		
<input type="checkbox"/> Single Adult <input type="checkbox"/> Married Couple <input type="checkbox"/> Other (e.g., individual who owns the property with others)		
Owner 1 % Ownership Interest: _____	DL Number, Personal ID Certificate, or Social Security Number**:	Birth Date*: _____
Owner 2 % Ownership Interest: _____	DL Number, Personal ID Certificate, or Social Security Number**:	Telephone: _____ Email ***: _____
Name: _____	DL Number, Personal ID Certificate, or Social Security Number**:	Birth Date*: _____
		Telephone: _____ Email ***: _____
Applicant's mailing address (if different from the physical address): _____		

Do you live in the property for which you are seeking this residence homestead exemption? Yes No Tax Year _____

Are you filing a late application? Yes No Tax Year(s) for Application _____

GENERAL INFORMATION: Property owners applying for a residence homestead exemption file this form and supporting documentation with the appraisal district in each county in which the property is located (Tax Code Sections 11.13, 11.131, 11.132, 11.133, 11.134 and 11.432). **Do not file this form with the Texas Comptroller of Public Accounts.**

<p>SECTION: Exemption(s) Requested</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>General Residence Homestead Exemption</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Disabled Person</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Person Age 65 or Older</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Surviving Spouse of Person Age 65 or Older</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td> 100 Percent Disabled Veteran Is the disability a permanent total disability as determined by the U.S. Department of Veterans Affairs under 38 C.F.R Section 4.15? Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td> Surviving Spouse of 100 Percent Disabled Veteran Is the disability a permanent total disability as determined by the U.S. Department of Veterans Affairs under 38 C.F.R Section 4.15? Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td> Donated Residence of Partially Disabled Veteran Percent Disability Rating: _____ </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td> Surviving Spouse for Donated Residence of Partially Disabled Veteran Percent Disability Rating: _____ </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td> Surviving Spouse of an Armed Services Member Killed or Fatally Injured in the Line of Duty </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td> Surviving Spouse of a First Responder Killed in the Line of Duty </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td> Surviving Spouse: _____ Name of Deceased Spouse Date of Death: _____ </td> </tr> </table>	<input type="checkbox"/>	General Residence Homestead Exemption	<input type="checkbox"/>	Disabled Person	<input type="checkbox"/>	Person Age 65 or Older	<input type="checkbox"/>	Surviving Spouse of Person Age 65 or Older	<input type="checkbox"/>	100 Percent Disabled Veteran Is the disability a permanent total disability as determined by the U.S. Department of Veterans Affairs under 38 C.F.R Section 4.15? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Surviving Spouse of 100 Percent Disabled Veteran Is the disability a permanent total disability as determined by the U.S. Department of Veterans Affairs under 38 C.F.R Section 4.15? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Donated Residence of Partially Disabled Veteran Percent Disability Rating: _____	<input type="checkbox"/>	Surviving Spouse for Donated Residence of Partially Disabled Veteran Percent Disability Rating: _____	<input type="checkbox"/>	Surviving Spouse of an Armed Services Member Killed or Fatally Injured in the Line of Duty	<input type="checkbox"/>	Surviving Spouse of a First Responder Killed in the Line of Duty	<input type="checkbox"/>	Surviving Spouse: _____ Name of Deceased Spouse Date of Death: _____	<p>Cooperative Housing: Do you have an exclusive right to occupy this property because you own stock in a cooperative housing corporation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, state name of cooperative housing corporation: _____</p> <p>Were you receiving a homestead exemption on your previous residence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you transferring an exemption from a previous residence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you transferring a tax limitation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Previous Residence Address, City, State, Zip Code _____ _____</p> <p>Previous County _____</p>
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SECTION: Property Information

Date you acquired this property _____ Date you began occupying this property as your principal residence _____
Physical address (i.e. street address, not P.O. Box), City, County, ZIP Code _____

Is the applicant identified on deed or other recorded instrument?

Yes _____
Court record/filing number on recorded deed or other recorded instrument
 No If no, required documentation must be provided. (see important information)

Is the property for which this application is submitted an heir property (see Important Information)? Yes No

Do other heir property owners occupy the property? Yes (affidavits required) No

Manufactured Home Make _____ Model _____ ID Number _____

Is any portion of the property for which you are claiming a residence homestead exemption income producing? Yes 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 as your principal residence: _____ acres

SECTION: Waiver of Required Documentation

Indicate if you are exempt from the requirement to provide a copy of your driver's license or state-issued personal identification certificate.

I am a resident of a facility that provides services related to health, infirmity or aging.

Facility Name and Address _____

I am certified for participation in the address confidentiality program administered by the Office of the Texas Attorney General under Code of Criminal Procedure Chapter 58, Subchapter B.

Indicate if you request that the chief appraiser waive the requirement that the property address for exemption corresponds to your driver's license or state-issued personal identification certificate address:

I am an active duty U.S. armed services member or the spouse of an active duty member.

I hold a driver's license issued under Transportation Code Section 521.121(c) or 521.1211. Attached is a copy of the application for that license.

SECTION: Additional Information

If you own other residential property in Texas, please list the county(ies) of location.

SECTION: Affirmation and Signature

I understand if I make a false statement on this form, I could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10

I, _____, _____, swear or affirm the following:

Property Owner/Authorized Representative Name _____ Title/Authorization _____

1. that each fact contained in this application is true and correct;
2. that I/the property owner meet(s) the qualifications under Texas law for the residence homestead exemption for which I am applying; and
3. that I/the property owner do(es) not claim an exemption on another residence homestead or claim a residence homestead exemption on a residence homestead outside Texas.

Sign Here: _____ Date: _____

Signature of Property Owner/Applicant or Authorized Representative

* May be used by appraisal district to determine eligibility for persons age 65 or older exemption or surviving spouse exemptions (Tax Code §11.43(m))

** Social security number disclosure may be required for tax administration and identification. (42 U.S.C. §405(c)(2)(C)(i); Tax Code §11.43(f)). A driver's license number, personal identification number or social security number disclosed in an exemption application is confidential and not open to public inspection, except as authorized by Tax Code §11.48(b).

*** May be confidential under Government Code §552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the Public Information Act.