

## APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION FOR

Property ID: _____	Property Type: _____	Geo ID: _____
Legal Description: _____		
<b>Section 1: Former and Current Residence</b>		Do you own the property for which you are seeking an exemption?.....Yes [ ] No [ ]
		Tax Year: _____
		Date Purchased: _____
		Occupancy Date: _____
		Were you receiving a homestead exemption on your Previous Residence? Yes [ ] No [ ]
Previous Residence Address, City, State, ZIP Code: _____		Previous County: _____
<b>Section 2: Property Owner/Applicant</b>		
The applicant is the following type of property owner: [ ] Single Adult [ ] Married Couple [ ] 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 ***: _____

**Section 3: Types of Residence Homestead Exemptions**

Place an "x" or check mark beside the type of residence homestead exemption for which you are applying for the property described above in Step 2. A brief description of the qualifications for each type of exemption is provided beside the exemption name. For complete details regarding each type of exemption and its specific qualifications, you should consult Tax Code Chapter 11, Taxable Property and Exemptions. You may call your county appraisal district to determine what homestead exemptions are offered by the taxing units in your area.

<input type="checkbox"/>	<b>GENERAL RESIDENCE HOMESTEAD EXEMPTION</b> (Tax Code §11.13(a) and (b)): You may qualify if (1) you owned this property on January 1; (2) you occupied it as your principal residence on January 1; and (3) you and your spouse do not claim a residence homestead exemption on any other property.
<input type="checkbox"/>	<b>DISABLED PERSON EXEMPTION</b> (Tax Code §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 can't receive an age 65 or older exemption if you receive this exemption.
<input type="checkbox"/>	<b>AGE 65 OR OLDER EXEMPTION</b> (Tax Code Section 11.13(c), (d)): You may qualify for this exemption if you are 65 years of age or older. This exemption is effective Jan. 1 of the tax year in which you become age 65. You cannot receive a disability exemption if you receive this exemption.
<input type="checkbox"/>	<b>SURVIVING SPOUSE OF INDIVIDUAL WHO QUALIFIED FOR AGE 65 OR OLDER EXEMPTION</b> (Tax Code §11.13(q)): You may qualify for this exemption if: (1) your deceased spouse died in a year in which he or she qualified for the exemption under Tax Code §11.13(d); (2) you were 55 years of age or older when your deceased spouse died; and (3) the property was your residence homestead when your deceased spouse died and remains your residence homestead. You can't receive this exemption if you receive an exemption under Tax Code §11.13(d). Name of Deceased Spouse: _____ Date of Death: _____
<input type="checkbox"/>	<b>100% DISABLED VETERANS EXEMPTION</b> (Tax Code §11.131(b)): You may qualify for this exemption if you are a disabled veteran who receives from the United States Department of Veterans Affairs or its successor: (1) 100 percent disability compensation due to a service-connected disability; and (2) a rating of 100 percent disabled or individual unemployability. 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 [ ] No [ ]
<input type="checkbox"/>	<b>SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED OR WOULD HAVE QUALIFIED FOR THE 100% DISABLED VETERAN'S EXEMPTION</b> (Tax Code Section 11.131(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 11.131(b) at the time of his or her death or would have qualified for the exemption if the exemption had been in effect on the date the disabled veteran died 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. Name of Deceased Spouse: _____ Date of Death: _____
<input type="checkbox"/>	<b>DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN</b> (Tax Code Section 11.132(b)): You may qualify for this exemption if you are a disabled veteran with a disability rating of less than 100 percent and your residence homestead was donated to you by a charitable organization at no cost to you or at some cost that is not more than 50 percent of the good faith estimate of the market value of the residence homestead as of the date the donation is made. Please attach all documents to support your request. Percent Disability Rating: _____
<input type="checkbox"/>	<b>SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION</b> (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 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: _____
<input type="checkbox"/>	<b>SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION</b> (Tax Code Section 11.133 (b) & (c)): You may qualify for this exemption if you are the surviving spouse of a member of the United States armed services who is killed in action and you have not remarried since the death of the member of the armed services. Please attach all documents to support your request. Name of Deceased Spouse: _____ Date of Death: _____
<input type="checkbox"/>	<b>SURVIVING SPOUSE OF A FIRST RESPONDER KILLED IN THE LINE OF DUTY</b> (Tax Code Section 11.134): You may qualify if (1) you are the surviving spouse of a first responder who is killed or fatally injured in the line of duty; and (2) you have not remarried since the death of the first responder. Please attach all documents to support your request. Name of Deceased Spouse: _____ Date of Death: _____

**Section 4: Property that Qualifies for Residence Homestead Exemption**

Place an "X" or check mark in the box if the ownership interest(s) identified above is less than 100 percent in the property for which you are claiming a residence homestead exemption. In section 8 of this form, provide 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.

Provide the physical address of the property you own and occupy as your principal residence and for which you are claiming a residence homestead exemption.

Applicant's mailing address (if different from the physical address of the principal residence provided above):

Number of acres (or fraction of an acre, not to exceed 20 acres) you own and occupy as your principal residence: \_\_\_\_\_ acre

If your principal residence is a manufactured home, provide the make, model and identification number:

Make \_\_\_\_\_ Model \_\_\_\_\_ ID Number \_\_\_\_\_

If the ownership of your property is in stock in a cooperative housing corporation, do you have an exclusive right to occupy the unit at the physical address identified above? ..... Yes  No

Is any portion of the property for which you are claiming a residence homestead exemption income producing? .....Yes  No

If you answered "Yes," please indicate the percentage of the property that is income producing: \_\_\_ %

\* 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(f). 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 release under the Public Information Act.

**Section 5: Application Documents**

**Attach a copy of your driver's license or state-issued personal identification certificate. The address listed on your driver's license or state-issued personal identification certificate must correspond to the address of the property for which an exemption is claimed in this application. You may be exempt from these requirements if you reside in certain facilities or participate in a certain address confidentiality program. The chief appraiser may waive the requirements for certain active duty U.S. armed services members or their spouses or holders of certain drivers' licenses.**

Please 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.  
Name and Address of Facility \_\_\_\_\_

I am certified for participation in the address confidentiality program administered by the Office of the Texas Attorney General under Subchapter C, Chapter 56, Code of Criminal Procedure.

Please indicate 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 address 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 §521.121 or §521.1211, Transportation Code. Attached is a copy of the application for that license from the Texas Department of Transportation.

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

An applicant for this exemption must provide documentation from the U.S. Department of Veteran 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 a Member of Armed Forces Killed in Action
- Surviving Spouse of First Responder Killed in the Line of Duty

**Section 6: Tax Limitation or Exemption Transfer**

Place an "x" or check mark beside the type of tax limitation or surviving spouse exemption transfer you seek from your previous residence homestead:

- Tax Limitation (Tax Code Section 11.26(h) or 11.261(h))
  - 100% 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 Forces 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  
\_\_\_\_\_  
\_\_\_\_\_

**Section 7: Ownership Documentation; Affidavits**

Complete this section if the residence homestead is a manufactured home OR 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); or
- Other compelling evidence establishing the applicant's ownership of an interest in the homestead.

**MANUFACTURED HOMES**

Owners of manufactured homes seeking a residence homestead exemption must provide:

- 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;
- 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
- 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 county(ies) of location:

\_\_\_\_\_  
\_\_\_\_\_

**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 Section 37.10, Penal Code.**

I, \_\_\_\_\_, swear or affirm to the following:  
(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 in Texas or claim a residence homestead exemption on a residence homestead outside Texas; and (4) that I have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement."

**Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Property Owner/Applicant or Person Authorized to Sign the Application

**NOTE:** If an individual other than the property owner/applicant is filing this form as a representative, on behalf of the property owner/applicant, the individual shall provide evidence of his or her capacity and authority to represent the property owner/applicant in this matter. In signing the affirmation in his or her own name as a representative of the property owner/applicant, the representative is swearing of affirming that:

- Each fact contained in this application is true and correct;
- The property owner/applicant meets the qualifications under Texas law for the residence homestead exemption requested;
- 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 representatives has read and understands the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement

The following table lists each taxing jurisdiction that offers residential homestead exemptions:

JURISDICTION	STATE MANDATED HOMESTEAD	LOCAL OPTION HOMESTEAD	STATE MANDATED OVER 65 HS	LOCAL OPTION OVER 65 HS	STATE MANDATED DISABILITY
Walker County				12,000	
Huntsville ISD	25,000		10,000	6,000	10,000
Walker County Hospital District				12,000	
Trinity ISD	25,000		10,000		10,000
Huntsville City				12,000	
New Waverly ISD	25,000		10,000		10,000
New Waverly City				12,000	
Riverside City				12,000	
Richards ISD	25,000		10,000		10,000
Elkins/City				12,000	

## APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION INSTRUCTIONS

**GENERAL INSTRUCTIONS:** This application is for use in claiming general homestead exemptions pursuant to Tax Code Sections 11.13, 11.131, 11.132, 11.133, and 11.432. The exemptions apply only to property that you own and occupy as your principal place of residence.

**WHERE TO FILE:** This document, and all supporting documentation, must be filed with the appraisal district in the county in which your property is located.

**APPLICATION DEADLINES:** You are to file the completed application with all required documentation beginning Jan. 1 and no later than April 30 of the year for which you are requesting an exemption. If you qualify for the age 65 or older or disabled persons exemption or the exemption for donated homesteads of partially disabled veterans you are to apply for the exemption no later than the first 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 after the deadline for filing has passed. Effective beginning the 2016 tax year, the late application must be filed not later than two years after the delinquency date for the for taxes on the homestead.

**DUTY TO NOTIFY:** If the chief appraiser grants the exemption(s), you do not need to reapply annually. You must reapply if the chief appraiser requires you do to so, or if you want the exemption to apply to property not listed in this application. You must notify the chief appraiser in writing before May 1 of the year after your right to this exemption ends.

### OTHER IMPORTANT INFORMATION

Pursuant to Tax Code §11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

**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 appeared \_\_\_\_\_,  
who, being by me duly sworn, deposed as follows:

"My name is \_\_\_\_\_, and I am applying for a residence homestead exemption for property owners who are age 65 or older. I am 65 years of age or older; I am fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit; and all of the facts in it are true and correct. I am an owner of the property identified in this application although I am not identified as an owner on a deed or other appropriate instrument recorded in the real property records of the county where my residence homestead is located.

Further, Affiant sayeth not."

Signature of Affiant \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me this, the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public in and for the State of Texas

My Commission expires: \_\_\_\_\_

**AFFIDAVIT FOR OWNER/APPLICANT WHO HAS QUALIFYING DISABILITY AND OWNERSHIP INTEREST NOT OF RECORD**

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
who, being by me duly sworn, deposed as follows:

"My name is \_\_\_\_\_, and I am applying for a residence homestead exemption for property owners with qualifying disabilities. I am over 18 years of age; I am fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit; and all of the facts in it are true and correct. I am an owner of the property identified in this application although I am not identified as an owner on a deed or other appropriate instrument recorded in the real property records of the county where my residence homestead is located.

Further, Affiant sayeth not."

Signature of Affiant \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me this, the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public in and for the State of Texas

My Commission expires: \_\_\_\_\_

**AFFIDAVIT FOR OWNER/APPLICANT WITHOUT WRITTEN OWNERSHIP DOCUMENT FOR MANUFACTURED HOME**

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
who, being by me duly sworn, deposed as follows:

"My name is \_\_\_\_\_, and I am applying for a residence homestead exemption as an owner of a manufactured home I am over 18 years of age; I am fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit; and all of the facts in it are true and correct. I am the owner of the manufactured home identified in this application. The seller of the manufactured home did not provide me with a purchase contract and I could not locate the seller after making a good faith effort.

Further, Affiant sayeth not."

Signature of Affiant \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me this, the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public in and for the State of Texas

My Commission expires: \_\_\_\_\_