

Residence Homestead Exemption Application

Appraisal District's Name _____ Appraisal District Account Number (if known) _____
Do you own and live in the property for which you are seeking this residence homestead exemption? Yes No Tax Year _____

GENERAL INSTRUCTIONS This application is for use in claiming residence homestead exemptions pursuant to Tax Code Sections 11.13, 11.131, 11.132, 11.133, 11.134 and 11.432. Certain exemptions may also require Form 50-114-A. The exemptions apply only to property that you own and occupy as your principal place of residence.

FILING INSTRUCTIONS: File this form and all supporting documentation with the appraisal district office in each county in which the property is located generally between Jan. 1 and April 30 of the year for which the exemption is requested. **Do not file this document with the Texas Comptroller of Public Accounts.** A directory with contact information for appraisal district offices is on the Comptroller's website.

SECTION 1: Exemption(s) Requested

- General Residence Homestead Exemption** **Disabled Person** **Person Age 65 or Older (or Surviving Spouse)**
- 100 Percent Disabled Veteran (or Surviving Spouse)** 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
- Surviving Spouse of an Armed Services Member Killed in Action** **Surviving Spouse of a First Responder Killed in the Line of Duty**
- Donated Residence of Partially Disabled Veteran (or Surviving Spouse)** _____
Percent Disability Rating

Surviving Spouse: _____
Name of Deceased Spouse _____ Date of Death _____

Cooperative Housing: Do you have an exclusive right to occupy this property because you own stock in a cooperative housing corporation? Yes No
If yes, state name of cooperative housing corporation: _____

Were you receiving a homestead exemption on your previous residence? Yes No

Are you transferring an exemption from a previous residence? Yes No

Are you transferring a tax limitation? Yes No

Previous Residence Address, City, State, Zip Code _____ Previous County _____

SECTION 2: Property Owner/Applicant (Provide information for additional property owners in Section 5.)

- 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*** _____ Percent 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** _____

Primary Phone Number (area code and number) _____ Email Address*** _____ Percent Ownership Interest _____

Applicant mailing address (if different from the physical address) _____

SECTION 3: Property Information

Date you purchased 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 _____

Legal Description (if known) _____

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 4: 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 56, Subchapter C.

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 5: Additional Information

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

SECTION 6: 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** ➔

Signature of Property Owner/Applicant or Authorized Representative

Date

* 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.