

## APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION FOR

Property ID: _____	Property Type: _____	Geo ID: _____												
Legal Description: _____														
<b>SECTION: Property Owner/Applicant (Provide information for property owners in Additional Information.)</b>														
<p>[ ] Single Adult [ ] Married Couple [ ] Other (e.g., individual who owns the property with others)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Owner 1 % Ownership Interest: _____</td> <td style="width: 30%;">DL Number, Personal ID Certificate, or Social Security Number**: _____</td> <td style="width: 30%;">Birth Date*: _____</td> </tr> <tr> <td>Owner 2 % Ownership Interest: _____</td> <td>DL Number, Personal ID Certificate, or Social Security Number**: _____</td> <td>Telephone: _____ Email ***: _____</td> </tr> <tr> <td>Name: _____</td> <td>DL Number, Personal ID Certificate, or Social Security Number**: _____</td> <td>Birth Date*: _____</td> </tr> <tr> <td></td> <td></td> <td>Telephone: _____ Email ***: _____</td> </tr> </table> <p>Applicant's mailing address (if different from the physical address): _____</p>			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 ***: _____
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 ***: _____												

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, 11.136 and 11.432). **Do not file this form with the Texas Comptroller of Public Accounts.**

<p><b>SECTION: Exemption(s) Requested</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>General Residence Homestead Exemption</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Disabled Person</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Person Age 65 or Older</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Surviving Spouse of Person Age 65 or Older</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>100 Percent Disabled Veteran</b> 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 [ ]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Surviving Spouse of 100 Percent Disabled Veteran</b> 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 [ ]</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Surviving Spouse of Certain Qualifying Veteran</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Donated Residence of Partially Disabled Veteran</b> Percent Disability Rating: _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Surviving Spouse for Donated Residence of Partially Disabled Veteran</b> Percent Disability Rating: _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Surviving Spouse of an Armed Services Member Killed or Fatally Injured in the Line of Duty</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Surviving Spouse of a First Responder Killed in the Line of Duty</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><b>Surviving Spouse:</b> _____ Name of Deceased Spouse Date of Death: _____</td> </tr> </table>	<input type="checkbox"/>	<b>General Residence Homestead Exemption</b>	<input type="checkbox"/>	<b>Disabled Person</b>	<input type="checkbox"/>	<b>Person Age 65 or Older</b>	<input type="checkbox"/>	<b>Surviving Spouse of Person Age 65 or Older</b>	<input type="checkbox"/>	<b>100 Percent Disabled Veteran</b> 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 100 Percent Disabled Veteran</b> 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 Certain Qualifying Veteran</b>	<input type="checkbox"/>	<b>Donated Residence of Partially Disabled Veteran</b> Percent Disability Rating: _____	<input type="checkbox"/>	<b>Surviving Spouse for Donated Residence of Partially Disabled Veteran</b> Percent Disability Rating: _____	<input type="checkbox"/>	<b>Surviving Spouse of an Armed Services Member Killed or Fatally Injured in the Line of Duty</b>	<input type="checkbox"/>	<b>Surviving Spouse of a First Responder Killed in the Line of Duty</b>	<input type="checkbox"/>	<b>Surviving Spouse:</b> _____ 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 [ ] No [ ]</p> <p>If yes, state name of cooperative housing corporation:        _____</p> <p>Were you receiving a residence homestead exemption on your previous residence?        Yes [ ] No [ ]</p> <p>Are you transferring an exemption from a previous residence?        Yes [ ] No [ ]</p> <p>Are you transferring a tax limitation?        Yes [ ] No [ ]</p> <p>Previous Residence Address, City, State, Zip Code        _____        _____        _____</p> <p>Previous County _____</p>
<input type="checkbox"/>	<b>General Residence Homestead Exemption</b>																								
<input type="checkbox"/>	<b>Disabled Person</b>																								
<input type="checkbox"/>	<b>Person Age 65 or Older</b>																								
<input type="checkbox"/>	<b>Surviving Spouse of Person Age 65 or Older</b>																								
<input type="checkbox"/>	<b>100 Percent Disabled Veteran</b> 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 100 Percent Disabled Veteran</b> 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 Certain Qualifying Veteran</b>																								
<input type="checkbox"/>	<b>Donated Residence of Partially Disabled Veteran</b> Percent Disability Rating: _____																								
<input type="checkbox"/>	<b>Surviving Spouse for Donated Residence of Partially Disabled Veteran</b> Percent Disability Rating: _____																								
<input type="checkbox"/>	<b>Surviving Spouse of an Armed Services Member Killed or Fatally Injured in the Line of Duty</b>																								
<input type="checkbox"/>	<b>Surviving Spouse of a First Responder Killed in the Line of Duty</b>																								
<input type="checkbox"/>	<b>Surviving Spouse:</b> _____ Name of Deceased Spouse Date of Death: _____																								

**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 an active duty member's spouse.

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

**Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Additional Property Owner/Applicant (if any)

\* 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 Section 11.43(f). A driver's license number or personal identification number disclosed in an exemption application is confidential and not open to public inspection, except as authorized by Tax Code Section 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.

# Important Information

## GENERAL INSTRUCTIONS

This application is for claiming residence homestead exemptions pursuant to Tax Code Sections 11.13, 11.131, 11.132, 11.133, 11.134, 11.136, 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 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.

## APPLICATION DEADLINES

Generally, the completed application and required documentation is due no later than April 30 of the year for which the exemption is requested.

A late application for a residence homestead exemption, including age 65 or older or disabled, may be filed up to two years after the deadline for filing has passed. (Tax Code Section 11.431)

A late application for a residence homestead exemption filed for a disabled veteran (not a surviving spouse) under Tax Code sections 11.131 or 11.132 may be filed up to 5 years after the delinquency date. A late application for a residence homestead exemption for a surviving spouse of a disabled veteran under Tax Code Sections 11.131 or 11.132 may be filed up to two years after the delinquency date. (Tax Code Section 11.439)

If the chief appraiser grants the exemption(s), property owner does not need to reapply annually, but must reapply if the chief appraiser requires it, unless seeking to apply the exemption to property not listed in this application.

Property owners already receiving a general residence homestead exemption who turn age 65 in that next year are not required to apply for age 65 or older exemption if accurate birthdate information is included in the appraisal district records or in the information the Texas Department of Public Safety provided to the appraisal district under Transportation Code Section 521.049. (Tax Code Section 11.43(m))

## REQUIRED DOCUMENTATION

Attach a copy of property owner's driver's license or state-issued personal identification certificate. The address listed on the driver's license or state-issued personal identification certificate must correspond to the property address for which the exemption is requested. Property owners who reside in certain facilities or participate in a certain address confidentiality program may be exempt from this requirement. The chief appraiser may waive the requirements for certain active duty U.S. armed services members or their spouses or holders of certain driver's licenses.

**Heir property** is property owned by one or more individuals, where at least one owner claims the property as a residence homestead, and the property was acquired by will, transfer on death deed, or intestacy. An heir property owner not specifically identified as the residence homestead owner on a deed or other recorded instrument in the county where the property is located must provide:

- \* an affidavit establishing ownership of interest in the property (See Form 50-114-A)
- \* a copy of the prior property owner's death certificate;
- \* a copy of the property's most recent utility bill; and
- \* A citation of any court record relating to the applicant's ownership of the property, if available

Each heir property owner who occupies the property as a principal residence, other than the applicant, must provide an affidavit that authorizes the submission of this application (See Form 50-114-A).

**Manufactured homeowners** must provide:

- \* a copy of the Texas Department of Housing and Community Affairs statement of ownership 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 Form 50-114-A) by the applicant indicating that:
  1. the applicant is the owner of the manufactured home;
  2. the seller of the manufactured home did not provide the applicant with the applicable contract or agreement; and
  3. the applicant could not locate the seller after making a good faith effort.

## ADDITIONAL INFORMATION REQUEST

The chief appraiser may request additional information to evaluate this application. Property owner must comply within 30 days of the request or the application will be denied. The chief appraiser may extend this deadline for a single period not to exceed 15 days for good cause shown. (Tax Code Section 11.45)

## DUTY TO NOTIFY

Property owner must notify the chief appraiser in writing before May 1 of the year after his or her right to this exemption ends.

## EXEMPTION QUALIFICATIONS

### General Residence Homestead Exemption (Tax Code Section 11.13(a) and (b))

A property owner who acquires property after Jan. 1 may receive the residence homestead exemption for the applicable portion of that tax year immediately on qualification of the exemption, if the previous owner did not receive the same exemption for the tax year. The property owner must occupy the property as the owner's primary residence and the residence homestead exemption cannot be claimed by the property owner on any other property.

### Disabled Person Exemption (Tax Code Section 11.13(c) and (d))

Persons under a disability for purposes of payment of disability insurance benefits under Federal Old-Age, Survivors, and Disability Insurance. Property owners not identified on a deed or other instrument recorded in the applicable real property records as an owner of the residence homestead must provide an affidavit or other compelling evidence establishing the applicant's ownership interest in the homestead. (See Form 50-114-A) An eligible disabled person age 65 or older may receive both exemptions in the same year, but not from the same taxing units. Contact the appraisal district for more information.

### Age 65 or Older Exemption (Tax Code Section 11.13(c) and (d))

This exemption is effective Jan. 1 of the tax year in which the property owner becomes age 65. Property owners not identified on a deed or other instrument recorded in the applicable real property records as an owner of the residence homestead must provide an affidavit or other compelling evidence establishing the applicant's ownership interest in the homestead. (See Form 50-114-A) An eligible disabled person age 65 or older may receive both exemptions in the same year, but not from the same taxing units. Contact the appraisal district for more information.

### Surviving Spouse of an Individual Who Qualified for Age 65 or Older Exemption (Tax Code Section 11.13(q))

Surviving spouse of person who qualified for the age 65 or older exemption may receive this exemption if the surviving spouse was 55 years of age or older when the qualifying spouse died. The property must have been the surviving spouse's residence homestead at the time of death and remain the surviving spouse's residence homestead. This exemption cannot be combined with an exemption under 11.13(d).

### 100 Percent Disabled Veterans Exemption (Tax Code Section 11.131(b))

Property owner who has been awarded a 100 percent disability compensation due to a service-connected disability and a rating of 100 percent disabled or individual unemployment from the U.S. Department of Veterans Affairs or its successor. Documentation must be provided to support this exemption request.

### Surviving Spouse of a Disabled Veteran Who Qualified or Would Have Qualified for the 100 Percent Disabled Veteran's Exemption (Tax Code Section 11.131(c) and (d))

Surviving spouse of 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) who has not remarried since the death of the veteran. The property must have been the surviving spouse's residence homestead at the time of the veteran's death and remain the surviving spouse's residence homestead.

### Surviving Spouses of Certain Qualifying Veterans (Tax Code Section 11.136)

Surviving spouse of veteran who died as a result of a qualifying condition or disease who has not remarried since the veteran's death. Qualifying conditions or diseases are located in the Honoring our Promise to Address Comprehensive Toxics Act of 2022 (Pub. L. No. 117-168) or a regulation adopted under the Act that establishes a presumption of service connection.

### Donated Residence Homestead of Partially Disabled Veteran (Tax code Section 11.132(b))

A disabled veteran with a disability rating of less than 100 percent with a residence homestead donated by a charitable organization at no cost 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. Documentation must be provided to support this exemption request.

### Surviving Spouse of a Disabled Veteran Who Qualified for the Donated Residence Homestead Exemption (Tax Code Section 11.132(c) and (d))

Surviving spouse of a disabled veteran (who qualified for an exemption under Tax Code Section 11.132(b) at the time of his or her death) who has not remarried since the death of the disabled veteran and maintains the property as his or her residence homestead.

### Surviving Spouse of a Member of Armed Services Killed in Line of Duty

(Tax Code Section 11.133(b) and (c))

Surviving spouse of a U.S. armed services member who is killed or fatally injured in the line of duty who has not remarried since the death of the service member. Documentation must be provided to support this exemption request.

### Surviving Spouse of a First Responder Killed in the Line of Duty (Tax Code Section 11.134)

Surviving spouse of a first responder who is killed or fatally injured in the line of duty who has not remarried since the death of the first responder. Documentation must be provided to support this exemption request.

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
HUBBARD ISD	140,000		60,000		60,000
LATERAL ROAD	3,000			10,000	
HILL COUNTY				10,000	
CITY OF HILLSBORO				10,000	
HILLSBORO ISD	140,000		60,000		60,000
MT CALM ISD	140,000		60,000		60,000
BLUM ISD	140,000		60,000		60,000
AXTELL ISD	140,000		60,000		60,000
BYNUM ISD	140,000		60,000		60,000
WEST ISD	140,000		60,000		60,000
COVINGTON ISD	140,000		60,000		60,000
MILFORD ISD	140,000		60,000		60,000
GRANDVIEW ISD	140,000		60,000		60,000
FROST ISD	140,000		60,000		60,000
CITY OF MALONE		10%		5,000	
AQUILLA ISD	140,000		60,000		60,000
ABBOTT ISD	140,000		60,000		60,000
ITASCA ISD	140,000		60,000		60,000
MALONE ISD	140,000		60,000		60,000
PENELOPE ISD	140,000		60,000		60,000
CITY OF WHITNEY		5,000		5,000	
WHITNEY ISD	140,000		60,000	5,000	60,000
DAWSON ISD	140,000		60,000		60,000
RIO VISTA ISD	140,000		60,000		60,000
HILL COUNTY ESD #2				10,000	
HILL COUNTY ESD #1				10,000	
HILL COLLEGE RIO VISTA		1%		10,000	
HILL COLLEGE GRANDVIEW		1%		10,000	