



Return application to:
Tarrant Appraisal District
 Exemption Division
 P.O. Box 185579
 Fort Worth, TX 76181-0579
 (817) 284-4063

**Application for Residential
 Homestead Exemption**

2017

Para la ayuda en Española, llame por favor (817) 284-4063.
 There is **no fee** for filing a homestead exemption

Account #
 PIDN:

Class Code:

Home Phone#	_____
Work Phone#	_____
Date of Birth	_____
*Email Address	_____

Failure to complete all applicable parts and attach all required documentation may result in denial of the exemption.

STEP 1 This application applies to this property	Legal description and street address	Deed filing information (date, volume and page or instrument #)
<p>MANUFACTURED HOMES: For a manufactured home to qualify for a residence homestead, applicant must provide: 1) a copy of the statement of ownership and location 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; 2) a copy of the purchase contract or payment receipt showing that the applicant is the purchaser of the manufactured home; or 3) a sworn affidavit 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 a purchase contract; and c) the applicant could not locate the seller after making a good faith effort</p>		
Step 2	Is the owner of the property: <input type="checkbox"/> a Married Couple <input type="checkbox"/> a Single Person <input type="checkbox"/> Separate Individuals? If separate individuals, each occupant must make application. % Ownership Interest _____	
STEP 3 Answer these questions	<p>On what date did you begin occupying this property as your principal residence?(mm/dd/yyyy) _____ Are you claiming a homestead exemption on another property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give the address of the other property: _____</p> <p>If the property is in Tarrant Appraisal District, the exemption will be removed and applied to this property. If it is not, documentation from the other appraisal district must be sent with this application verifying removal.</p> <p>IMPORTANT: Pursuant to Tax Code Section 11.43(j), you are required to furnish a copy of the following: Texas driver's license or Personal Identification Certificate Section 11.43, subsection (n) prohibits a chief appraiser from allowing a homestead exemption unless the addresses on the required forms of identification match the address for which the exemption is claimed. Please indicate that you request that the chief appraiser waive the requirement that the address on the application and your driver's license correspond because:</p> <p><input type="checkbox"/> Is an active duty member of the armed services of the United States or the spouse of an active duty member and the applicant includes with the application a copy of the applicant's or spouse's military identification card and a copy of a utility bill for the property subject to the claimed exemption in the applicant's or spouse's name; or</p> <p><input type="checkbox"/> Holds a driver's license issued under Section 521.121 (c) or 521.1211, Transportation Code, and includes with the application a copy of the application for that license provided to the Texas Department of Transportation.</p> <p><input type="checkbox"/> I am a resident of a facility that provides services related to health, infirmity, or aging.</p> <p><input type="checkbox"/> 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.</p> <p>The chief appraiser is required to keep the information confidential and not open to public inspection, except to appraisal office employees who appraise property as authorized by Section 11.48(b), Tax Code.</p>	

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STEP 4 Check exemptions that apply to you	<input type="checkbox"/> GENERAL RESIDENCE HOMESTEAD EXEMPTION (Tax Code Section 11.13(a), (b)): You may qualify for this exemption if: (1) you owned this property on Jan. 1; (2) you occupied it as your principal residence on Jan. 1; and (3) you and your spouse do not claim a residence homestead exemption on any other property.
	<input type="checkbox"/> AGE 65 OR OLDER EXEMPTION (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"/> DISABLED PERSON EXEMPTION (Tax Code Section 11.13(c), (d)): To qualify for this exemption, you must be under a disability for purposes of payment of disability benefits under federal Old-Age, Survivors and Disability Insurance Act or meet the definition of disabled in that act. To establish your eligibility, attach copies of either: (1) currently dated disability letters from two different doctors [you may obtain form #5205 at www.tad.org or call 817-284-4063]; or (2) a currently dated award letter from Social Security Administration that states the date you became disabled. [To obtain a copy from Social Security, telephone 1-800-772-1213.] You may receive this exemption immediately upon qualification. You cannot receive an age 65 or older exemption if you receive this exemption.
	<input type="checkbox"/> 100% DISABLED VETERANS EXEMPTION (Tax Code Section 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. Attach a copy of your current award letter or other document from the Department of Veterans Affairs showing 100% compensation due to a service-connected disability, including effective date of service connected disability and a rating of 100% disabled or of individual unemployability. This exemption is immediate upon qualification for the applicable portion of the tax year.
	<input type="checkbox"/> SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED OR WOULD HAVE QUALIFIED FOR THE 100% DISABLED VETERAN'S EXEMPTION (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"/> OVER-55 SURVIVING SPOUSE OF A PERSON WHO RECEIVED THE OVER-65 OR DISABLED PERSON EXEMPTION (Tax Code Section 11.261(j)): provides for continuance of established tax ceilings on the county, county college and city for a spouse of a deceased individual who qualified for the disabled person or over-65 exemption. The ISD is only applicable for the spouse of a deceased individual who qualified for the over-65 exemption or would have applied and qualified in the year of the spouse's death. You qualify for an extension of the over 65 or disability exemptions if you were 55 years of age or older on the date your spouse died and your spouse was receiving the age 65 or disabled person exemption on this residence. You cannot receive this exemption if you receive an exemption under Tax Code Section 11.13(d). Name of Deceased Spouse _____ Date of Death _____
	<input type="checkbox"/> DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN (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. Please attach all documents to support your request. Percent Disability Rating _____
	<input type="checkbox"/> SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION (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(b) 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.
<input type="checkbox"/> SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION (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.	
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: <input type="checkbox"/> Tax limitation (Tax Code Section 11.26(h) or 11.261(h)) <input type="checkbox"/> 100% Disabled Veteran's Exemption (Tax Code Section 11.131(d)) <input type="checkbox"/> Donated Residence Homestead of Partially Disabled Veteran (Tax Code Section 11.132(d)) <input type="checkbox"/> Member of Armed Forces Killed in Action (Tax Code Section 11.133(c)) Address of last residence homestead: _____ Previous Address, City, State, Zip Code _____	
Step 5 You must sign and date the app.	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 Penal Code Section 37.10. By signing this application you state 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 <i>Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.</i> Applicant's Signature _____ Date Signed _____

Specialist will gladly assist in answering your questions for free and may be contacted by calling 817-284-4063. Exemptions offered by taxing units may also be found at www.tad.org.

*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.