

Application for Disabled Veteran's or Survivor's Exemption

Appraisal District's Name

Phone (area code and number)

Address, City, State, ZIP Code

GENERAL INSTRUCTIONS: This application is for use in claiming a property tax exemption pursuant to Tax Code Section 11.22 for property owned by a disabled veteran with a service connected disability, the surviving spouse or child of a qualifying disabled veteran or the surviving spouse or child of an U.S. armed service member who died on active duty. A qualified individual is entitled to an exemption from taxation of a portion of the assessed value of one property the applicant owns and designates. This application applies to property owned on Jan. 1 of this year.

FILING INSTRUCTIONS: You must furnish all information and documentation required by this application so that the chief appraiser is able to determine whether the statutory qualifications for the exemption have been met. This document and all supporting documentation must be filed with the appraisal district office in each county in which the property is located. Do not file this document with the Texas Comptroller of Public Accounts. A directory with contact information for appraisal district offices may be found on the Comptroller's website.

APPLICATION DEADLINES: The completed application and supporting documents must be submitted to the appraisal district between Jan. 1 and April 30 of the tax year for which you request the exemption. For good cause shown, the chief appraiser may extend the deadline for filing the application by written order for a single period not to exceed 60 days. The chief appraiser may disapprove the application and request additional information. If the chief appraiser requests additional information, the information must be furnished within 30 days after the date of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the information by written order for a single period not to exceed 15 days. If the chief appraiser denies the application, you may protest that determination to the county appraisal review board under Tax Code Chapter 41.

You may file a late application. For the 2016 tax year and any tax year after that, a late application must be filed no later than five years after the delinquency date for the taxes on the designated property.

DUTY TO NOTIFY: Once this exemption is allowed, an application does not have to be filed annually unless the ownership of the property changes or qualifications for the exemption change. The chief appraiser may require a new application to be filed to confirm current eligibility by sending written notice and an application form. If eligibility ends, the property owner must notify the appraisal office in writing before May 1 after the eligibility ends.

State the tax year(s) for which you are applying for the exemption.

Tax Year(s)

Did the applicant own the property that is the subject of this application on Jan. 1 of the tax year? Yes No

SECTION 1: Property Owner/Applicant

Name of Property Owner

Driver's Licence, Personal I.D. Certificate or Social Security Number*

Physical Address, City, State, ZIP Code

Primary Phone Number (area code and number)

Email Address**

Mailing Address of Property Owner (if different from the physical address provided above):

Mailing Address, City, State, ZIP Code

Are you a Texas resident? Yes No

SECTION 2: Authorized Representative

If you are an individual property owner filing this application on your own behalf, skip to section 3; all other applicants are required to complete section 2.

Please indicate the basis for your authority to represent the property owner in filing this application.

Attorney for property owner Agent for tax matters appointed under Tax Code Section 1.111 with completed and signed Form 50-162

Other and explain basis: _____

SECTION 2: Authorized Representative (continued)

Provide the following information for the individual with the legal authority to act for the property owner in this matter:

Name of Authorized Representative

Title of Authorized Representative

Primary Phone Number (area code and number)

Email Address**

Mailing Address, City, State, ZIP Code

SECTION 3: Property Descriptions

Provide the descriptive information requested below for the designated property that is the subject of this application for exemption under Tax Code Section 11.22.

Physical Address (i.e. street address, not P.O. Box), City, State, Zip Code

Appraisal District Account Number (if known)

Manufactured Home (make, model, and identification number)

Legal Description:

SECTION 4: Type of Exemption and Qualifications

Check the exemption for which you are applying.

- Veteran classified as disabled by the Veteran’s Administration (VA) or a service branch of the U.S. armed forces**
- Surviving spouse or child of a deceased disabled veteran**
- Surviving spouse or child of U.S. armed service member who died on active duty**

Veteran’s Name

Branch of Service

Disability Rating

Age

Serial Number

Does the service-connected disability include: Loss of use of one or more limbs Blindness in one or both eyes

Are you the surviving spouse of a disabled veteran? Yes No

If yes, have you remarried? Yes No

Are you the surviving spouse of a U.S. armed service member who died on active duty? Yes No

Are you a surviving child of a deceased disabled veteran or U.S. armed service member who died on active duty? Yes No

If yes, did: The spouse survive the veteran or the U.S. armed service member? Yes No

SECTION 4: Type of Exemption and Qualifications (continued)

If yes, are you: Under 18 years of age? Yes No

Unmarried? Yes No

Number of qualifying parent's children who are under 18 and unmarried _____

SECTION 5: Additional Documents to be Provided

If the exemption is based on a veteran's disability, attach documentation from the VA or service branch identifying the most recent disability rating.

SECTION 6: Certification 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 Penal Code Section 37.10.

I, _____, swear or affirm the following:
Printed Name of Property Owner or Authorized Representative

1. that each fact contained in this application is true and correct;
2. that the property the owner identified in this application meets the qualifications under Texas law for the exemption claimed; and
3. that I have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.

sign here ➔

Signature of Property Owner or Authorized Representative

Date

* 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 Section 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.