

2022 APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION



Return completed application to:
TARRANT APPRAISAL DISTRICT
EXEMPTION DIVISION
PO BOX 185579
FORT WORTH, TX 76181-0579

TAD USE ONLY – BAR CODE HERE

TAD USE ONLY – RECEIPT STAMP HERE

Para asistencia en Español llame al (817)284-4063

«OwnerName»
«owner2»
«OwnerAddr»
«OwnerCTST»

**ACCOUNT #:

**CLASS CODE:

PLEASE PROVIDE THE FOLLOWING:
**DAYTIME PHONE #:
DATE OF BIRTH:
*EMAIL ADDRESS:

Check box to request a change to the above mailing address. New Mailing Address: _____

There is no fee for filing an application. Failure to complete all applicable parts and attach all required documentation may result in denial of the exemption.

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 to do so, or if you want the exemption to apply to property not listed on this application. You must notify the chief appraiser in writing before May 1 of the year after your right to this exemption ends.

STEP 1 – THIS APPLICATION APPLIES TO THIS PROPERTY

**Legal description and street address «SitusAddr» «LegalDescr»	**Deed filing information (date, volume and page or instrument number) «DocDate» «DocNumber»
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MANUFACTURED HOME (see important information page for required documentation)

Make: _____ Model: _____ ID Number: _____

STEP 2 – MARITAL STATUS

Is the owner of the property: a Married Couple a Single Adult Separate Individuals
 If separate individuals, each occupant must make application. % Ownership Interest _____

STEP 3 – OWNER INFORMATION

State the tax year for which you are applying for this exemption. _____

Do you own and live in the property for which you are seeking this residence homestead exemption? Yes ____ No ____

On what day did you begin occupying this property as your principal residence? (MM/DD/YYYY) _____

Are you claiming a homestead exemption on another property? Yes ____ No ____

If 'Yes', please provide the address of the other property: _____

Do you own other residential property in Texas? Yes ____ No ____

If yes, please list the county(ies) and address(es) of location: _____

If the property is in Tarrant County, 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.

Heir Property: Is the applicant identified on deed or other recorded instrument? Yes ____ No ____

If yes, provide the Court record/filing number on recorded deed or other recorded instrument _____

If no, required documentation must be provided. (see important information page)

Is the property for which this application is submitted an heir property? (see important information page) Yes ____ No ____

Do other heir property owners occupy the property? Yes ____ (affidavits required) No ____

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? _____

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

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 are exempt from the requirement to provide a copy of your driver's license or personal identification certificate or you request that the chief appraiser waive the requirement that the address on the application and your driver's license correspond because:

- I am an active duty United States armed services member or the spouse of an active duty member and have included 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
- I hold a driver's license issued under Section 521.121c or 521.1211, Transportation Code, and have included with this application a copy of the application for that license provided to the Texas Department of Transportation.
- I am a resident of a facility that provides health, infirmity, or aging. Facility Name _____ Phone _____
- 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.

The chief appraiser is required to keep certain information confidential and not open to public inspection to anyone other than appraisal district employees or its agents who appraise property or perform appraisal services for the appraisal district except as authorized by Section 11.48(b), Tax Code.

STEP 4 – CHECK THE EXEMPTIONS THAT APPLY TO YOU

- GENERAL RESIDENCE HOMESTEAD** (Tax Code Section 11.13(a), (b)): You may qualify for this exemption if: (1) you own this property; (2) you occupy it as your principal residence; and (3) you and your spouse do not claim a residence homestead exemption on any other property.
- AGE 65 OR OLDER** (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. An eligible disabled person age 65 or older may receive both exemptions in the same year, but not from the same taxing units.
- DISABLED PERSON** (Tax Code Section 11.13(c), (d)): To qualify for this exemption, you must be under a disability for purposes of payment of disability insurance benefits under federal Old-Age, Survivors and Disability Insurance Act. To establish your eligibility, attach copies of either: (1) a currently dated award letter from Social Security Administration that states the date you became disabled; or (2) a completed TAD Physician's Statement for Disability Form #5205 [you may obtain form #5205 at www.tad.org or call 817-284-4063]; or [To obtain a copy from Social Security, telephone 1-800-772-1213.] You may receive this exemption in addition to the exemptions provided in 11.13(a), (b), General Residence Homestead. An eligible disabled person age 65 or older may receive both exemptions in the same year, but not from the same taxing units.
- 100% DISABLED VETERAN** (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. 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 DISABLED VETERAN WHO QUALIFIED OR WOULD HAVE QUALIFIED FOR THE 100% DISABLED VETERAN** (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. **Documentation must be provided to support this exemption request.**
Name of Deceased Spouse _____ Date of Death _____
- OVER-55 SURVIVING SPOUSE OF A PERSON WHO RECEIVED THE OVER-65 OR DISABLED PERSON** (Tax Code Section 11.26, 11.261): provides for continuance of established tax ceilings on the county, county college, city and school for a spouse of a deceased individual who qualified for the disabled person or over-65 exemption. You qualify for an extension of the over 65 exemptions if you were 55 years of age or older on the date your spouse died and your spouse was receiving the age 65 exemption on this residence. You cannot receive this exemption if you receive an exemption under Tax Code Section 11.13(d). **Documentation must be provided to support this exemption request.**
Name of Deceased Spouse _____ Date of Death _____
- 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. An exemption from taxation of a percentage of the appraised value of the disabled veteran's residence homestead equal to the disabled veteran's disability rating if the residence homestead was donated to the disabled veteran by a charitable organization: (1) at no cost to the disabled veteran; or (2) at some cost to the disabled veteran in the form of a cash payment, a mortgage, or both in an aggregate amount that is not more than 50 percent of the good faith estimate of the market value of the residence homestead made by the charitable organization as of the date the donation is made. **Please attach all documents that support your request. Percent Disability Rating** _____
- SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED RESIDENCE HOMESTEAD** (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.**
- SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN LINE OF DUTY** (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 was killed or fatally injured in the line of duty and you have not remarried since the death of the member of the armed services. **Please attach all documents to support your request.**
- SURVIVING SPOUSE OF A FIRST RESPONDER KILLED WHILE ON DUTY** (Tax Code Section 11.134(b)): You may qualify for this exemption if you are the surviving spouse of a first responder who is killed or fatally injured in the line of duty. The surviving spouse is entitled to an exemption from taxation of the total appraised value of the surviving spouse's residence homestead if the surviving spouse: (1) is an eligible survivor for purposes of Chapter 615, Government Code, as determined by the Employees Retirement System of Texas under that chapter; and (2) has not remarried since the death of the first responder. **Please attach all documents to support your request.**

Tax Limitation Exemption Transfer. Place an 'x' or check mark in the space beside the type of tax limitation or surviving spouse exemption transfer you seek from your previous residence homestead and the address of the last residence homestead to the right:

- | | |
|---|---|
| <input type="checkbox"/> Tax limitation (Tax Code Section 11.26(h) or 11.261 (h)) | Address of last residence homestead: |
| <input type="checkbox"/> 100% Disabled Veteran's Exemption (Tax Code Section 11.131(d)) | Address _____ |
| <input type="checkbox"/> Donated Residence Homestead of Partially Disabled Veteran (Tax Code Section 11.132(d)) | City _____ |
| <input type="checkbox"/> Member of Armed Forces Killed in Line of Duty (Tax Code Section 11.133c) | State & Zip _____ |
| <input type="checkbox"/> First Responder Killed While on Duty (Tax Code Section 11.134) | County _____ |

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/the property owner meet(s) 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 have read and understand the *Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.*"

Applicant's Signature _____ Date Signed _____