

Application for Residence Homestead Exemption

FORM 11.13 (01/14)

Account Number:

Return to: Harris County Appraisal District, P. O. Box 922012, Houston, Texas 77292-2012. The district is located at 13013 Northwest Fwy, Houston, TX 77040. For questions, call (713) 957-7800.

GENERAL INSTRUCTIONS: This application is for use in claiming general homestead exemptions pursuant to Tax Code Sections 11.13, 11.131, 11.132 Versions 1 and 2, and 11.432. The exemptions apply only to property that you own and occupy as your principal place of residence.

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Tax Year:

APPLICATION DEADLINES: You must file the completed application with all required documentation beginning Jan.1 and no later than April 30 of the year for which you are requesting an exemption. If you qualify for the age 65 or older or disabled persons exemption, you must apply for the exemption no later than the first anniversary of the date you qualify for the exemption.

Pursuant to Tax Code Section 11.431, you may file a late application for a residence homestead exemption, including an exemption under Tax Code Sections 11.131 and 11.132, after the deadline for filing has passed if it is filed not later than one year after the delinquency date for the taxes on the homestead.

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 in this application. You must notify the chief appraiser in writing if and when your right to this exemption ends.

OTHER IMPORTANT INFORMATION

Pursuant to Tax Code Section 11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

State the Year for Which You are Applying		
Tax Year Date v	when you began occupying the property as y	your principal residence
Do you own the property for which you are seeking an exemp		
Step 1: Ownership Information		
Name of Property Owner		
Mailing Address		
City, State, ZIP Code		Phone (area code and number)
Driver's License, Personal ID Certificate, or Social Security Number*	Birth Date**	Percent Ownership in Property
Other Owner's Name(s) (if applicable)	Rith Data** of Spouse (if applicable)	Other Owner's Percent Ownership

- * Pursuant to Tax Code Section 11.43(f), you are required to furnish this information. A driver's license number, personal identification certificate number, or social security account number provided in an application for an exemption filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee of the appraisal office who appraises property, except as authorized by Tax Code Section 11.48(b).
- ** Tax Code Section 11.43(m) allows a person who receives a general homestead exemption in a tax year to receive the age 65 or older exemption for an individual 65 years of age or older in the next tax year on the same property without applying for the age 65 or older exemption if the person becomes 65 years of age in that next year as shown by information in the records of the appraisal district that was provided to the appraisal district by the individual in an application for a general residence homestead exemption.

	Application for Residence Homestead Exemption	
Ste	ep 2: Property Information	
Add	Iress, City, State, ZIP Code	
 Leg	al Description (if known)	Appraisal District Account Number (if known)
	nber of acres (not to exceed 20) used for residential occupancy of the structure if both the cture and the land have identical ownership	acres
MA	NUFACTURED HOME: Make, model and identification number	
Ste	ep 3: Exemption Types and Tax Limitation	
con	of descriptions of qualifications for the exemptions listed are provided under each listing; however, to sult the Tax Code. For information on the residence homestead exemptions offered by your taxing trict at (713) 957-7800 or go to "Contact Us" at www.hcad.org.	
	GENERAL RESIDENCE HOMESTEAD EXEMPTION (Tax Code Section 11.13): You may cand, if filing a late application, for the year for which you are seeking an exemption: (1) you owned occupied it as your principal residence on January 1; and (3) you and your spouse do not claim a other property.	d this property on January 1; (2) you
	DISABLED PERSON EXEMPTION (Tax Code Section 11.13(c), (d)): You may qualify for this purposes of payment of disability insurance benefits under Federal Old-Age, Survivors, and Disability older exemption if you receive this exemption.	
	AGE 65 OR OLDER EXEMPTION (Tax Code Section 11.13(c), (d)): You may qualify for this older. You may qualify for the year in which you become age 65. You cannot receive a disability	
	SURVIVING SPOUSE OF INDIVIDUAL WHO QUALIFIED FOR AGE 65 OR OLDER EXEM 11.13(d) (Tax Code Section 11.13(q)): You may qualify for this exemption if: (1) your deceased qualified for the exemption under Tax Code Section 11.13(d); (2) you were 55 years of age or old (3) the property was your residence homestead when your deceased spouse died and remains your receive this exemption if you receive an exemption under Tax Code Section 11.13(d).	spouse died in a year in which he or she er when your deceased spouse died; and
	Name of Deceased Spouse	Date of Death
	100% DISABLED VETERANS EXEMPTION (Tax Code Section 11.131): You may qualify for this exemption if you are a disabled veteran who receives from the United Sta Affairs or its successor: (1) 100 percent disability compensation due to a service-connected disabled or individual unemployability.	
	SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE 100% DISA Section 11.131): You may qualify for this exemption if you were married to a disabled veteran we Code Section 11.131 at the time of his or her death and: (1) you have not remarried since the death property was your residence homestead when the disabled veteran died and remains your residence.	tho qualified for an exemption under Tax ath of the disabled veteran and (2) the
	Name of Deceased Spouse	Date of Death
	DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN (Tax Code for this exemption if you are a disabled veteran with a disability rating of less than 100 percent an you by a charitable organization at no cost to you. Please attach all documents to support your results.	d your residence homestead was donated to
	Percent Disability Rating	
	SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED (Tax Code Section 11.132, Version 1): You may qualify for this exemption if you were married exemption under Tax Code Section 11.132 at the time of his or her death and: (1) you have not reveteran and (2) the property was your residence homestead when the disabled veteran died and Please attach all documents to support your request.	to a disabled veteran who qualified for an emarried since the death of the disabled
	Name of Deceased Spouse	Date of Death
	SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION (Tax Code for this exemption if you are the surviving spouse of a member of the United States armed service not remarried since the death of the member of the armed services. Please attach all documents	e Section 11.132, Version 2): You may qualify es who is killed in action and you have

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Check if you seek to transfer a tax limitation from your previous residence homestead as provided by Tax Code Section 11 11.261(h). Address of last residence homestead:	.26(h) or
Previous Residence Address, City, State, ZIP Code	
Step 4: Application Documents	
Attach a copy of your driver's license or state-issued personal identification certificate. The address listed on your driver's state-issued personal identification certificate must correspond to the address of the property for which an exemption is clapplication. In certain cases, you are exempt from these requirements or the chief appraiser may waive the requirements.	
application. In certain cases, you are exempt from these requirements or the chief appraiser may waive the requirements.	
Indicate if you are exempt from the requirement to provide a copy of your driver's license or state-issued personal identification certif	cate:
I am a resident of a facility that provides services related to health, infirmity, or aging.	
Name and Address of Facility	
I am certified for participation in the address confidentiality program administered by the Office of the Texas Attorney Gene Subchapter C, Chapter 56, Code of Criminal Procedure.	ral under
Indicate if you request that the chief appraiser waive the requirement that the address of the property for which the exemption is clair the address listed on your driver's license or state-issued personal identification certificate:	med corresponds to
I am an active duty member of the armed services of the United States or the spouse of an active duty member. Attached my military identification card (or that of my spouse); and (2) a copy of a utility bill for the property subject to the claimed ex name or my spouse's name.	
I hold a driver's license issued under Section 521.121(c) or 521.1211, Transportation Code. Attached is a copy of the applicance from the Texas Department of Transportation.	cation for that
For an <u>AGE 65 OR OLDER OR DISABLED</u> exemption: In addition to the information identified above, an applicant for an age 65 or older or disabled exemption who is not specifically idention other instrument recorded in the applicable real property records as an owner of the residence homestead must provide an affidavit of other compelling evidence establishing the applicant's ownership of an interest in the homestead.	
For a 100% DISABLED VETERAN exemption: In addition to the information identified above, an applicant for a 100% disabled veteran's exemption or the surviving spouse of a disaqualified for the 100% disabled veteran's exemption must provide documentation from the United States Department of Veterans Affindicating that the veteran received 100 percent disability compensation due to a service-connected disability and had a rating of 100 individual unemployability.	airs or its successo
For 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 C 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; 3) a sworn affidavit (see last page) 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.	ommunity
Step 5: Statement Regarding Cooperative Housing	
Do you have an exclusive right to occupy this unit because you own stock in a cooperative housing corporation?	☐ Yes ☐ No
Step 6: Affirmation and Signature	
By signing this application, you state that the facts in this application are true and correct, that you do not claim a residence homeste another residence homestead in Texas and that you do not claim a residence homestead exemption on a residence homestead outs signature on this application constitutes a sworn statement that you have read and understand the <i>Notice Regarding Penalties for M Application Containing a False Statement</i> .	ide of Texas. Your
"I,, have not claimed another residence	homestead
Printed Name of Property Owner exemption in Texas or another state, and all information provided in this application is true and correct."	
sign here	
Signature of Property Owner or Person Authorized to Sign the Application* *Only a person with a valid power of attorney or other court-ordered designation is authorized to sign the application on behalf of the property	owner.

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.

Affidavits: Complete and have notarized	d, if applicable (See Step 4).
AFFIDAVIT FOR PERS	ONS WHO ARE AGE 65 OR OLDER OR HAVE QUALIFYING DISABILITIES
STATE OF TEXAS COUNTY OF	
Before me, the undersigned authority, personally appearing who, being by me duly sworn, deposed as follows:	eared
this affidavit. I have personal knowledge of the facts or exemption under Tax Code Section 11.13(c) or (d) and	. I am over 18 years of age and I am otherwise fully competent to make ontained herein and all of same are true and correct. I meet the qualifications for a residence homestead d am not specifically identified on a deed or other appropriate instrument recorded in the applicable real lead indentified in this application. I am a legal owner of the property with a community property interest.
Signature of Affiant	SUBSCRIBED AND SWORN TO before me this, the
orginatar of 7 man	day of ,
	,
	Notary Public in and for the State of Texas
	My Commission expires:
	, ,
AFFIDAVIT FOR PE	RSONS WHO ARE 65 OR OLDER OR HAVE QUALIFYING DISABILITIES
Before me, the undersigned authority, personally appearung who, being by me duly sworn, deposed as follows:	eared
this affidavit. I have personal knowledge of the facts of exemption under Tax Code Section 11.13(c) or (d) and	. I am over 18 years of age and I am otherwise fully competent to make ontained herein and all of same are true and correct. I meet the qualifications for a residence homestead d am not specifically identified on a deed or other appropriate instrument recorded in the applicable real lead indentified in this application. I am a legal owner and own percent of the property.
Signature of Affiant	SUBSCRIBED AND SWORN TO before me this, the
	day of,,
	,
	Notary Public in and for the State of Texas
	My Commission expires:
	MANUFACTURED HOME AFFIDAVIT
STATE OF TEXAS COUNTY OF	
	eared
this affidavit. I have personal knowledge of the facts of	. I am over 18 years of age and I am otherwise fully competent to make ontained herein and all of same are true and correct. I am the owner of the manufactured home identified in manufactured home did not provide me with a purchase contract and I could not locate the seller after
, , , , , , , , , , , , , , ,	
Signature of Affiant	SUBSCRIBED AND SWORN TO before me this, the
	day of ,
	Notary Public in and for the State of Texas

11.13 (01/2014) Page 4

My Commission expires: _