



# Application for Residence Homestead Exemption

Property Tax  
**Form 50-114**

Appraisal District's Name

Phone (area code and number)

Address, City, State, ZIP Code

**This document must be filed with the appraisal district office in the county in which your property is located. Do not file this document with the office of the Texas Comptroller of Public Accounts. Location and address information for the appraisal district office in your county may be found at [www.window.state.tx.us/propertytax/references/directory/cad](http://www.window.state.tx.us/propertytax/references/directory/cad).**

**GENERAL INSTRUCTIONS:** This application is for use in claiming residence 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.

**WHERE TO FILE:** This document, and all supporting documentation, must be filed with the appraisal district in the county in which your property is located. Location and address information for the appraisal district office in your county may be found at [www.window.state.tx.us/propertytax/references/directory/cad](http://www.window.state.tx.us/propertytax/references/directory/cad).

**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 do to 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 when you began occupying the property as your principal residence \_\_\_\_\_

Do you own the property for which you are seeking an exemption? .....  Yes  No

## 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) \_\_\_\_\_

Birth Date\*\* 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.

**STEP 2: Property Information**

Address, City, State, ZIP Code \_\_\_\_\_

Legal Description (if known) \_\_\_\_\_

Appraisal District Account Number (if known) \_\_\_\_\_

Number of acres (not to exceed 20) used for residential occupancy of the structure if both the structure and the land have identical ownership ..... \_\_\_\_\_ acres

MANUFACTURED HOME: Make, model and identification number \_\_\_\_\_

**STEP 3: Exemption Types and Tax Limitation**

Brief descriptions of qualifications for the exemptions listed are provided under each listing; however, to obtain complete information, you should consult the Tax Code. If your appraisal district has not provided with this application a list of taxing units served by the appraisal district with all residence homestead exemptions each taxing unit offers, you may call the appraisal district to determine what homestead exemptions are offered by your taxing units.

**GENERAL RESIDENCE HOMESTEAD EXEMPTION** (Tax Code Section 11.13): You may qualify for this exemption if for the current year and, if filing a late application, for the year for which you are seeking an exemption: (1) you owned this property on January 1; (2) you occupied it as your principal residence on January 1; and (3) you and your spouse do not claim a residence homestead exemption on any other property.

**DISABLED PERSON EXEMPTION** (Tax Code Section 11.13(c), (d)): You may qualify for this exemption if you are under a disability for purposes of payment of disability insurance benefits under Federal Old-Age, Survivors, and Disability Insurance. You can't receive an age 65 or older exemption if you receive this exemption.

**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. You may qualify for the year in which you become age 65. You cannot receive a disability exemption if you receive this exemption.

**SURVIVING SPOUSE OF INDIVIDUAL WHO QUALIFIED FOR AGE 65 OR OLDER EXEMPTION UNDER TAX CODE Section 11.13(d)** (Tax Code Section 11.13(q)): You may qualify for this exemption if: (1) your deceased spouse died in a year in which he or she qualified for the exemption under Tax Code Section 11.13(d); (2) you were 55 years of age or older when your deceased spouse died; and (3) the property was your residence homestead when your deceased spouse died and remains your residence homestead. You can't receive this exemption if you receive an exemption under Tax Code Section 11.13(d).

\_\_\_\_\_  
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 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 unemployment.

**SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE 100% DISABLED VETERAN'S EXEMPTION** (Tax Code Section 11.131): 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 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.

\_\_\_\_\_  
Name of Deceased Spouse

\_\_\_\_\_  
Date of Death

**DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN** (Tax Code Section 11.132, Version 1): 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

**SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION** (Tax Code Section 11.132, Version 1): 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 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.

\_\_\_\_\_  
Name of Deceased Spouse

\_\_\_\_\_  
Date of Death

**SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION** (Tax Code Section 11.132, Version 2): 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.

Check if you seek to transfer a tax limitation from your previous residence homestead as provided by Tax Code Section 11.26(h) or 11.261(h).

Address of last residence homestead: \_\_\_\_\_

\_\_\_\_\_  
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 license or state-issued personal identification certificate must correspond to the address of the property for which an exemption is claimed in this 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 certificate:

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 General under Subchapter C, Chapter 56, Code of Criminal Procedure.

Indicate if you request that the chief appraiser waive the requirement that the address of the property for which the exemption is claimed corresponds to the address listed on your driver's license or state-issued personal identification certificate:

I am an active duty member of the armed services of the United States or the spouse of an active duty member. Attached are a copy of my military identification card or that of my spouse and a copy of a utility bill for the property subject to the claimed exemption in my 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 application for that license to the Texas Department of Transportation.

**For an AGE 65 OR OLDER OR DISABLED PERSON exemption:**

In addition to the information identified above, an applicant for an age 65 or older or disabled exemption who is not specifically 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 (see last page) or 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 disabled veteran who qualified for the 100% disabled veteran's exemption must provide documentation from the United States Department of Veterans Affairs or its successor indicating that the veteran received 100 percent disability compensation due to a service-connected disability and had a rating of 100 percent disabled or individual unemployability.

**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 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 (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.

**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 homestead exemption on another residence homestead in Texas and that you do not claim a residence homestead exemption on a residence homestead outside of Texas. Your signature on this application constitutes a sworn statement that you have read and understand the *Notice Regarding Penalties for Making or Filing an Application Containing a False Statement*.

"I, \_\_\_\_\_, have not claimed another residence homestead exemption in Texas or another state, and all information provided in this application is true and correct."

Printed Name of Property Owner

**sign here** ➔

\_\_\_\_\_  
Signature of Property Owner or Person Authorized to Sign the Application\*

\_\_\_\_\_  
Date

\* 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, if Applicable (See Step 4).**

**AFFIDAVIT FOR PERSONS WHO ARE AGE 65 OR OLDER OR HAVE QUALIFYING DISABILITIES**

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
who, being by me duly sworn, deposed as follows:

"My name is \_\_\_\_\_. I am over 18 years of age and I am otherwise fully competent to make this affidavit. I have personal knowledge of the facts contained herein and all of same are true and correct. I meet the qualifications for a residence homestead exemption under Tax Code Section 11.13(c) or (d) and am not specifically identified on a deed or other appropriate instrument recorded in the applicable real property records as an owner of the residence homestead identified in this application. I am a legal owner of the property with a community property interest.

Further, Affiant sayeth not."

\_\_\_\_\_  
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: \_\_\_\_\_

**AFFIDAVIT FOR PERSONS WHO ARE AGE 65 OR OLDER OR HAVE QUALIFYING DISABILITIES**

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
who, being by me duly sworn, deposed as follows:

"My name is \_\_\_\_\_. I am over 18 years of age and I am otherwise fully competent to make this affidavit. I have personal knowledge of the facts contained herein and all of same are true and correct. I meet the qualifications for a residence homestead exemption under Tax Code Section 11.13(c) or (d) and am not specifically identified on a deed or other appropriate instrument recorded in the applicable real property records as an owner of the residence homestead identified in this application. I am a legal owner and own \_\_\_\_\_ percent of the property.

Further, Affiant sayeth not."

\_\_\_\_\_  
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 \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
who, being by me duly sworn, deposed as follows:

"My name is \_\_\_\_\_. I am over 18 years of age and I am otherwise fully competent to make this affidavit. I have personal knowledge of the facts contained herein and all of same are true and correct. I am the owner of the manufactured home identified in the foregoing exemption application. The seller of the manufactured home did not provide me with a purchase contract and I could not locate the seller after making a good faith effort.

Further, Affiant sayeth not."

\_\_\_\_\_  
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: \_\_\_\_\_