

Step 2: Property that Qualifies for Residence Homestead Application

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

Legal Description (if known) _____ HCAD Account Number _____

Number of acres (or fraction of an acre, not to exceed 20 acres) you own and occupy as your principal residence _____ acres

MANUFACTURED HOME: Make, model and identification number _____

If the ownership of your property is in stock in a cooperative housing corporation, do you have an exclusive right to occupy the unit at the physical address identified above? Yes No

Step 3: Types of Residence Homestead Exemption

Place an "x" or check mark beside the type of residence homestead exemption for which you are applying for the property described above in Step 2. A brief description of the qualifications of each type of exemption is provided beside the exemption name. For complete details regarding each type of exemption and its specific qualifications, you should consult the Tax Code Chapter 11, Taxable Property and Exemptions. You may call the Harris County Appraisal District at (713) 957-7800 or go to "Contact Us" at www.hcad.org.

GENERAL RESIDENCE HOMESTEAD EXEMPTION (Tax Code Section 11.13 (a)(b)): 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. This exemption is effective Jan. 1 of 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 (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(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.

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 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(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. Name(s) of Owner(s) who qualify _____
Percent Disability Rating _____

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.

Name of Deceased Spouse _____
Date of Death

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.

Affidavits: Complete and have notarized, if applicable (See Step 5).

AFFIDAVIT FOR PERSONS WHO ARE AGE 65 OR OLDER OR HAVE QUALIFYING DISABILITIES AND/OR SPOUSES WITH A COMMUNITY PROPERTY INTEREST

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 (check the appropriate box) :

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.

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.

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

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: _____