



**APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION (see back for General instructions)**

**IMPORTANT INFORMATION FOR APPLICANTS**

\*Under Tax Code § 11.43(m), a person who receives a general residence homestead exemption in a tax year is entitled to receive the age 65 or older exemption in the next tax year on the same property without applying for it if the person becomes 65 years old in that next year as shown by certain information in the appraisal district records or information the Texas Department of Public Safety provided to the appraisal district under Transportation Code § 521.049.

\*\*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 § 11.43(f). Except as authorized by Tax Code § 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 § 11.48(a).

\*\*\*An email address of a member of the public could be confidential under Government Code § 552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the Public Information Act.


Date you purchased this property:

Date you began occupying the property as your principal residence:

**LEGAL DESCRIPTION:**


**ACCOUNT NUMBER:**  
**JURISDICTIONS:**  
**PROPERTY ADDRESS:**


NOTE: If property address is filled in above but not correct, please correct address here:


# of acres used for residential purposes:  ACS

<b>MOBILE HOMES:</b>	<b>Size:</b>	<b>Year:</b>
	<b>Make:</b>	<b>Model:</b>
	<b>Serial #:</b>	<b>Label #:</b>

**APPLICANT'S INFORMATION**

Do you own and live in the property for which you are seeking this residence homestead exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The applicant is the following type of property owner: <input type="checkbox"/> Single Adult <input type="checkbox"/> Married Couple <input type="checkbox"/> Other (individual who owns property with others)			
If ownership of this property is in stock in a cooperative housing corporation, do you have exclusive right to occupy the property at the physical address identified above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Name of Owner:</b>		<b>Birth Date:</b>	
<b>Driver's License or ID:</b>	<b>Social Security #:</b>	<b>Email Address:</b>	
<b>Percent Ownership:</b>	<b>Primary Phone #:</b>	<b>Other Phone #:</b>	
<b>Name of Owner:</b>		<b>Birth Date:</b>	
<b>Driver's License or ID:</b>	<b>Social Security #:</b>	<b>Email Address:</b>	
<b>Percent Ownership:</b>	<b>Primary Phone #:</b>	<b>Other Phone #:</b>	

Place an X or check mark in the box if the ownership interest(s) identified above is less than 100% in the property. For each additional person who has ownership interest in the property please provide their name, birth date, driver's license, ID or social security number, phone number(s), email address and percentage of ownership interest in the property on Page 4.

If you are seeking to transfer a tax limitation (ceiling) or surviving spouse exemption from a previous residence, place an X or a check mark beside the type of tax limitation (ceiling) or exemption transfer you are seeking. Otherwise skip this section.

<input type="checkbox"/> Tax limitation (ceiling transfer) (Sec 11.26(h) or 11.261(h))	<input type="checkbox"/> First Responder Killed in the Line of Duty (Sec 11.134(d))
<input type="checkbox"/> 100% Disabled Veteran's Exemption (Sec 11.131(d))	<input type="checkbox"/> Donated Residence Homestead of Partially Disabled Veteran (Sec 11.132(d))
<input type="checkbox"/> Member of Armed Services Killed in action (Sec 11.133(c))	

Previous residence homestead address:  Previous County:

If you own other residential property in Texas, please list the county(ies) of location:

**You MUST request a "Tax Ceiling Certificate" from the Appraisal District your previous residence homestead was located in and submit the form along with this application. Supporting documentation MUST be provided by applicant for the remaining items in this section.**

Place an **X** or **check mark** beside each type of residence homestead exemption you are applying for. A brief description of the qualifications for each type of exemption is provided beside the exemptions shown above. However, to obtain complete information, you should consult the Tax Code Chapter 11, Taxable Property and Exemptions. You may also contact the Jim Wells County Appraisal District office by phone at (361)668-9656 Ext #12, in person at 1600 E Main St Ste #100B or by mail at PO Box 607, Alice, TX 78333-0607 to determine what homestead exemptions are offered by the taxing units in Jim Wells County.

\_\_\_\_\_ (year) **GENERAL RESIDENTIAL HOMESTEAD EXEMPTION (Tax Code §11.13)**: You may qualify if: (1) you owned this property on January 1; (2) you occupied it as your principal residence on January 1 & (3) you and your spouse do not claim a residence homestead exemption on any other property. Applicant **MUST** provide supporting documentation.

\_\_\_\_\_ (year) **AGE 65 OR OLDER EXEMPTION (Tax Code §11.13 (c), (d))**: You may qualify for this exemption if you are 65 years of age or older. This exemption is effective January 1 of the tax year in which you become age 65. You cannot receive a disability exemption if you receive this exemption. Applicant **MUST** provide supporting documentation.

\_\_\_\_\_ (year) **DISABLED PERSON EXEMPTION (Tax Code §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 cannot receive an age 65 or older exemption if you receive this exemption. Applicant **MUST** provide supporting documentation.

\_\_\_\_\_ (year) **100% DISABLED VETERANS EXEMPTION (Tax Code §11.131(b))**: You may qualify for this exemption if you are a disabled veteran who receives from the U. S. Department of Veteran's Affairs or its successor: (1)100% disability compensation due to a service-connected disability and (2) a rating of 100% disabled or individual unemployment.

Is the disability a permanent total disability as determined by the US Department of Veterans Affairs under 38 C.F.R. Section 4.15?  Yes  No

**Attach a copy of your current award letter, "VA tax letter" or other document from the U. S. Department of Veterans Affairs showing 100 percent disability compensation due to a service-connected disability and a rating of 100 percent disabled or of individual unemployment.**

\_\_\_\_\_ (year) **DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN (Tax Code § 11.132(b))**. You may qualify if: (1)you are a disabled veteran with a disability rating of less than 100% and your residence homestead was donated to you by a charitable organization at no cost to you or at some cost that is not more than 50% of the good faith estimate of the market value of the residence homestead as of the date the donation is made.

Applicant **MUST** provide supporting documentation.

% Disability Rating:

### SURVIVING SPOUSES

*If you indicated eligibility for one of the surviving spouse exemptions below, provide the following information regarding your deceased spouse:*

Deceased Spouse's Name

Date of Death

\_\_\_\_\_ (year) **SURVIVING SPOUSE OF INDIVIDUAL WHO QUALIFIED FOR AGE 65 OR OLDER EXEMPTION UNDER TAX CODE , §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 age 65 or older exemption under Tax Code §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 cannot receive this exemption if you receive an exemption under Tax Code §11.13(d). Applicant **MUST** provide supporting documentation.

\_\_\_\_\_ (year) **SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED OR WOULD HAVE QUALIFIED FOR THE 100% DISABLED VETERAN'S EXEMPTION (Tax Code §11.131(c) and (d))**: You may qualify for this exemption if (1)you were married to a disabled veteran who qualified for an exemption under Tax Code §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; (2) you have not remarried since the death of the disabled veteran and (3) the property was your residence homestead when the disabled veteran died and remains your residence homestead. Applicant **MUST** provide supporting documentation.

\_\_\_\_\_ (year) **SURVIVING SPOUSE OF A MEMBER OF THE ARMED SERVICES KILLED IN ACTION (Tax Code §11.133(b) and (c))**: You may qualify for this exemption if (1)you are the surviving spouse of a member of the U. S. armed services who was killed in action and (2)you have not remarried since the death of the member of the armed services. Applicant **MUST** provide supporting documentation.

\_\_\_\_\_ (year) **SURVIVING SPOUSE OF A FIRST RESPONDER KILLED IN THE LINE OF DUTY (Tax Code §11.134)**: You may qualify if: (1)you are surviving spouse of a first responder who is killed or fatally injured in the line of duty and (2)you have not remarried since the death of the first responder. Applicant **MUST** provide supporting documentation.

\_\_\_\_\_ (year) **SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION (Tax Code §11.132(c) and (d))**: You may qualify for this exemption if (1)you were married to a disabled veteran who qualified for an exemption under Tax Code §11.132(b) at the time of his or her death; (2)you have not remarried since the death of the disabled veteran and (3) the property was your residence homestead when the disabled veteran died and remains your residence homestead. Applicant **MUST** provide supporting documentation.

**ATTACH REQUIRED DOCUMENTS WITH ALL APPLICATIONS**

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.

You may be exempt from these requirements if you reside in certain facilities or participate in a certain address confidentiality program. The chief appraiser may waive the requirements for certain active duty U. S. armed services members or their spouses or holders of certain driver's licenses.

Please 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 Code of Criminal Procedure Chapter 56, Chapter C.

Please 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 U. S. armed services 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 be claimed exemption in my name or my spouse's name.

I hold a driver's license issued under Transportation Code Section 521.121(c) or 521.1211. Attached is a copy of the application for that license.

**AGE 65 OR OLDER OR DISABLED PERSON EXEMPTION**

If you are not specifically identified on a deed or other instrument recorded in the applicable real property records as an owner of the residence homestead, you **MUST** provide:

- An affidavit (see page 4) **OR**
- Other compelling evidence establishing the applicant's ownership of an interest in the homestead.

**MANUFACTURED HOMES**

Owners of manufactured homes seeking a residence homestead exemption **MUST** provide:

- A copy of the statement of ownership 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
- A copy of the sales purchase agreement, other applicable contract or agreement or payment receipt showing that the applicant is the purchaser of the manufacture home **OR**
- Complete the affidavit on Page 4

**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.**

\*NOTE: If an individual other than the property owner/applicant files and signs this form as a representative of the property/owner applicant they **MUST** provide evidence of his/her capacity and authority to represent the property owner/applicant in this matter (for example: a valid power of attorney or other court-ordered designation).

Your signature on this application constitutes a sworn statement:

- that each fact contained in this application is true and correct;
- that the applicant meets the qualifications under Texas law for the residence homestead for which they are applying;
- that the applicant does not claim an exemption on another residence homestead or claim a residence homestead exemption on a residence homestead outside Texas and
- that the applicant has read and understands the *Notice Regarding Penalties for Making or Filing an Application Containing a False Statement*.

Applicant's Signature		Date
Printed Name		
Notary Public or CAD Employee		Date

**ADDITIONAL PERSONS WHO HAVE OWNERSHIP INTEREST IN PROPERTY**

Name of Owner 1:		Birth Date:
Driver's License or ID #:	Social Security #:	Email Address:
Percent Ownership:	Primary Phone #:	Other Phone #:

Name of Owner 2:		Birth Date:
Driver's License or ID #:	Social Security #:	Email Address:
Percent Ownership:	Primary Phone #:	Other Phone #:

**AFFIDAVITS – Complete and have notarized, if applicable**

**AFFIDAVIT FOR OWNER/APPLICANT WHO IS AGE 65 OR OLDER & OWNERSHIP INTEREST IS NOT OF RECORD**

**State of Texas** County of \_\_\_\_\_

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

“My name is \_\_\_\_\_ and I am applying for a residence homestead exemption for property owners who are age 65 or older. I am 65 years of age or older; I am fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit and all of the facts in it are true and correct. I am an owner of the property identified in this application although I am not identified as an owner on a deed or other appropriate instrument recorded in the real property records of the county where my residence homestead is located.

\_\_\_\_\_  
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 OWNER/APPLICANT WHO HAS QUALIFYING DISABILITY & OWNERSHIP INTEREST NOT OF**

**State of Texas** County of \_\_\_\_\_

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

“My name is \_\_\_\_\_ and I am applying for a residence homestead exemption for property owners with qualifying disabilities. I am over 18 years of age; I am fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit and all of the facts in it are true and correct. I am an owner of the property identified in this application although I am not identified as an owner on a deed or other appropriate instrument recorded in the real property records of the county where my residence homestead is located.

\_\_\_\_\_  
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 OWNER/APPLICANT WITHOUT WRITTEN OWNERSHIP DOCUMENT FOR MANUFACTURED HOME**

**State of Texas** County of \_\_\_\_\_

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

“My name is \_\_\_\_\_ and I am applying for a residence homestead exemption as an owner of a manufactured home. I am over 18 years of age; I am fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit and all of the facts in it are true and correct. I am the owner of the manufactured home identified in this application. The seller of the manufactured home did not provide me with the applicable contract or agreement and I could not locate the seller after making a good faith effort.

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



**APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION ADDITIONAL INSTRUCTIONS**

**GENERAL INSTRUCTIONS:**

This application is for use in claiming residence homestead exemptions pursuant to Tax Code §11.13, §11.131, §11.132, §11.133, §11.134 and §11.432. The exemptions apply only to property that you own and occupy as your principal place of residence.

**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 application and all required information and documentation MUST be filed with the appraisal district office:***

- ***In person at 1600 E Main St Ste #100B, Alice, TX***
- ***By mail at PO Box 607, Alice, TX 78333-0607***

**DO NOT file this application with the Texas Comptroller of Public Accounts.**

**APPLICATION DEADLINES:**

You are to file the completed application with all required documentation beginning January 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 or the exemption for donated homesteads of partially disabled veterans, you are to apply for the exemption no later than the first anniversary of the date you qualify for the exemption.

Pursuant to Tax Code § 11.431, you may file a late application for a residence homestead exemption after the deadline for filing has passed. Effective beginning with the 2016 tax year, the late application must be filed not later than two (2) years 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 before May 1 of the year after your right to this exemption ends.

**OTHER IMPORTANT INFORMATION:**

Pursuant to Tax Code §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.