



APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION (see back for Additional instructions)

IMPORTANT INFORMATION FOR APPLICANTS

GENERAL INSTRUCTIONS: This application is for use in claiming residence homestead exemptions pursuant to Tax Code Sections 11.13, 11.131, 11.132, 11.133, 11.134 and 11.432. *Certain exemptions may also require Form 50-114-A (see Page 3).* The exemptions apply only to property that you own and occupy as your principal place of residence.

FILING INSTRUCTIONS: File this form and all supporting documentation with the Jim Wells County Appraisal District office generally between January 1 and April 30 of the year for which the exemption is requested. **DO NOT file this document with the Texas Comptroller of Public Accounts.** A directory with contact information for appraisal district offices is on the Comptroller's website.

_____	Date you purchased this property: <input type="text"/>
_____	Date you began occupying the property as your principal residence: <input type="text"/>

LEGAL DESCRIPTION:

ACCOUNT NUMBER:

JURISDICTIONS:

PROPERTY ADDRESS:

NOTE: If property address is not correct, please show correct address here:

of acres used for residential purposes: ACS

MOBILE HOMES:	Size:	Year:
	Make:	Model:
	Serial #:	Label #:

PROPERTY OWNER/APPLICANT INFORMATION

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

The applicant is the following type of property owner: Single Adult Married Couple Other (individual who owns property with others)

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 incoming producing: %

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

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

EXEMPTION(S) REQUESTED

____ (year) <input type="checkbox"/> General Residence Homestead (§11.13 (a), (b))
____ (year) <input type="checkbox"/> Age 65 or Older (or Surviving Spouse) (§11.13 (c), (d)), (q))
____ (year) <input type="checkbox"/> Disabled Person (§11.13 (c), (d))
____ (year) <input type="checkbox"/> 100% Disabled Veteran (or Surviving Spouse) (§11.131 (b), (c), (d)) Is the disability a permanent total disability as determined by the US Department of Veterans Affairs Under 38 C.F.R. Section 4.15? <input type="checkbox"/> Yes <input type="checkbox"/> No
____ (year) <input type="checkbox"/> Surviving Spouse of an Armed Service Member Killed in Action (§11.133 (b), (c))
____ (year) <input type="checkbox"/> Surviving Spouse of a First Responder Killed in the Line of Duty (§11.134)
____ (year) <input type="checkbox"/> Donated Residence of Partially Disabled Veteran (or Surviving Spouse) (Sec 11.132 (b), (c), (d)) ____ % Disability Rating

EXEMPTION(S) REQUESTED CONTINUED

If you indicated eligibility for one of the surviving spouse exemptions on Page 1, please provide the following information regarding your deceased spouse:

Deceased Spouse's Name		Date of Death	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an exclusive right to occupy this property because you own stock in a cooperative housing corporation? If yes, state name of cooperative housing corporation:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Were you receiving a homestead exemption on your previous residence?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you transferring an exemption from a previous residence?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you transferring a tax limitation? If YES, <i>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.</i>			
Previous residence homestead address:		Previous County:	

WAIVER OF REQUIRED DOCUMENTATION

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 & 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, Subchapter C.

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

- I am an active duty US armed services member or the spouse of an active duty member.
- 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.

ADDITIONAL INFORMATION

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

AFFIRMATION AND SIGNATURE

I understand if I make a false statement on this form, I 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).

I swear or affirm the following:

- that each fact contained in this application is true and correct;
- that I/the property owner meet(s) the qualifications under Texas law for the residence homestead for which they are applying;
- that I/the property owner do(es) not claim an exemption on another residence homestead or claim a residence homestead exemption on a residence homestead outside Texas and

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

* May be used by appraisal district to determine eligibility for persons age 65 or older exemption or surviving spouse exemptions (Tax Code §11.43(m))

** Social security number disclosure may be required for tax administration and identification. (42 U.S.C. §405(c)(2)(C)(i); Tax Code §11.43(f)). A driver's license number, personal identification number or social security number disclosed in an exemption application is confidential and not open to public inspection, except as authorized by Tax Code §11.48(b).

*** May 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.

ADDITIONAL PERSONS WHO HAVE OWNERSHIP INTEREST IN PROPERTY

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

Name of Owner 2:		Birth Date:
Driver's License or ID #:	Social Security #**:	Percent Ownership:
Email Address***:	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. Further, affiant sayeth not.”

Percent Ownership Interest: _____ %

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 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 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. Further, affiant sayeth not.”

Percent Ownership Interest: _____ %

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. 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: _____

IMPORTANT INFORMATION

APPLICATION DEADLINES

Generally, the completed application and required documentation is due no later than April 30 of the year for which the exemption is requested.

The due date for person's age 65 or older; disabled; or partially disabled veterans with donated homesteads to apply for the exemption is no later than the first anniversary of the qualification date.

A late application for a residence homestead exemption may be filed up to two years after the deadline for filing has passed. (Tax Code Section 11.431).

REQUIRED DOCUMENTATION

Attach a copy of property owner's driver's license or state-issued personal identification certificate. The address listed on the driver's license or state-issued personal identification certificate must correspond to the property address for which the exemption is requested. Property owners who reside in certain facilities or participate in a certain address confidentiality program may be exempt from this requirement. 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.

Manufactured homeowners must provide:

- a copy of the Texas Department of Housing and Community Affairs statement of ownership 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 manufactured home; or
- a sworn affidavit (see Form 50-114-A, Page 3) by the applicant

If the chief appraiser grants the exemption(s), property owner does not need to reapply annually, but must reapply if the chief appraiser requires it, unless seeking to apply the exemption to property not listed in this application.

Property owners already receiving a general residence homestead exemption who turn age 65 in that next year are not required to apply for age 65 or older exemption if accurate birthdate information is included in the appraisal district records or in the information the Texas Department of Public Safety provided to the appraisal district under Transportation Code Section 521.049. (Tax Code Section 11.43(m)).

indicating that:

1. the applicant is the owner of the manufactured home;
2. the seller of the manufactured home did not provide the applicant with the applicable contract or agreement; **and**
3. the applicant could not locate the seller after making a good faith effort.

ADDITIONAL INFORMATION REQUEST

The chief appraiser may request additional information to evaluate this application. Property owner must comply within 30 days of the request or the application will be denied. The chief appraiser may extend this deadline for a single period not to exceed 15 days for good cause shown. (Tax Code Section 11.45).

DUTY TO NOTIFY

Property owner must notify the chief appraiser in writing before May 1 of the year after his or her right to this exemption ends.

EXEMPTION QUALIFICATIONS

General Residence Homestead Exemption (Tax Code Section 11.13(a) and (b)):

Property was owned and occupied as owner's principal residence on Jan. 1. No residence homestead exemption can be claimed by the property owner on any other property.

Disabled Person Exemption (Tax Code Section 11.13(c) and (d)):

Persons under a disability for purposes of payment of disability insurance benefits under Federal Old-Age, Survivors, and Disability Insurance.

Property owners not 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 or other compelling evidence establishing the applicant's ownership interest in the homestead. (See Form 50-114-A, Page 3) This exemption cannot be combined with the persons age 65 or older exemption.

Age 65 or Older Exemption (Tax Code Section 11.13(c) and (d))

100 Percent Disabled Veterans Exemption (Tax Code Section 11.131(b)):

Property owner who receives a 100 percent disability compensation due to a service-connected disability and a rating of 100 percent disabled or individual unemployability from the U.S. Department of Veterans Affairs or its successor. Documentation must be provided to support this exemption request.

Surviving Spouse of a Disabled Veteran Who Qualified or Would Have Qualified for the 100 Percent Disabled Veteran's Exemption (Tax Code Section 11.131(c) and (d)):

Surviving spouse of 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) who has not remarried since the death of the veteran. The property must have been the surviving spouse's residence homestead at the time of the veteran's death and remain the surviving spouse's residence homestead.

Donated Residence Homestead of Partially Disabled Veteran (Tax Code

Surviving Spouse of a First Responder Killed in the Line of Duty (Tax Code Section 11.134):

This exemption is effective Jan. 1 of the tax year in which the property owner becomes age 65. Property owners not 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 or other compelling evidence establishing the applicant's ownership interest in the homestead. (See Form 50-114-A, Page 3). This exemption cannot be combined with the disabled person's exemption.

Surviving Spouse of an Individual Who Qualified for Age 65 or Older Exemption (Tax Code Section 11.13(q)):

1. Surviving spouse of person who qualified for the age 65 or older exemption may receive this exemption if the surviving spouse was 55 years of age or older when the qualifying spouse died. The property must have been the surviving spouse's residence homestead at the time of death and remain the surviving spouse's residence homestead. This exemption cannot be combined with an exemption under 11.13(d).

Section 11.132(b)):

A disabled veteran with a disability rating of less than 100 percent with a residence homestead donated by a charitable organization at no cost or at some cost that is not more than 50 percent of the good faith estimate of the market value of the residence homestead as of the date the donation is made. Documentation must be provided to support this exemption request.

Surviving Spouse of a Disabled Veteran Who Qualified for the Donated Residence Homestead Exemption (Tax Code Section 11.132(c) and (d)):

Surviving Spouse of a disabled veteran (who qualified for an exemption under Tax Code Section 11.132(b) at the time of his or her death) who has not remarried since the death of the disabled veteran and maintains the property as his or her residence homestead.

Surviving Spouse of a Member of Armed Services Killed in Action (Tax Code Section 11.133(b) and (c)):

Surviving spouse of a U.S. armed services member who is killed in action who has not remarried since the death of the service member. Documentation must be provided to support this exemption request.

Surviving spouse of a first responder who is killed or fatally injured in the line of duty who has not remarried since the death of the first responder. Documentation must be provided to support this exemption request.