

Application for Disabled Veteran's or Survivor's Exemption

STEP 2: Property Information

Address, City, State, ZIP Code _____

Legal Description (if known) _____ Appraisal District Account Number (if known) _____

Manufactured Home (make, model, and identification number) _____

STEP 3: Type of Exemption and Qualifications

Check the exemption for which you are applying.

Disabled Veteran's Exemption

Surviving Spouse or Child of a Deceased Disabled Veteran

Surviving Spouse or Child of Armed Service Member who died on Active Duty

Please provide the following information and attach documentation from the V.A. or service branch identifying the most recent disability rating.

Veteran's Name _____

Branch of Service _____ Disability Rating _____ Age _____

Serial Number _____

Does the service connected disability include:

• Loss of one or more limbs Yes No Blindness in one or both eyes Yes No

Are you the surviving spouse? Yes No

If yes, have you remarried? Yes No

Are you a surviving child? Yes No

If yes, are you:

• Under 18 years of age? Yes No

• Unmarried? Yes No

Number of qualifying parent's children who are under 18 and unmarried _____

STEP 4: Late Application

If you were eligible for this exemption last year, check this box and enter the prior tax year. You must have met all of the qualifications above on January 1 of the prior tax year to receive the exemption for last year.

Application for exemption for prior tax year, _____.

STEP 5: Certification and Signature

By signing this application, you certify the information provided in this application is true and correct to the best of your knowledge and belief.

Print Name _____ Title _____

Authorized Signature _____ Date _____

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.