

Application for Disabled Veteran's or Survivor's Exemption

STEP 2: Pro	perty Information			
Address, City, Stat	ite, ZIP Code		8 8 	
Legal Description	(it known)	Appraisal District Account Number (if known)		
Manufactured Hon	me (make, model and identification number)		<u>, e ik z</u>	
STEP 3: Type	e of Exemption and Qualifications			
Check the exem	nption for which you are applying.			
Disab	bled Veteran's Exemption			
Survi	iving Spouse or Child of a Deceased Disabled Veteran			
Survi	iving Spouse or Child of Armed Service Member who died on Active Duty			
Please provide t	the following information and attach documentation from the V.A. or service branch identifying	ng the most recent disabil	ity rating.	
Veteran's Na	ime			
Branch of Se	ervice Disability Rating Age	ge Serial Num	ber	or at write
• Doos the serv		ess in one or both eyes		
• Does the serv	billidite.	ess in one or bour eyes		
Are you the su	surviving spouse?	shapecada ika ata ati shapecada iki at	Yes	No
If yes, have	e you remarried?	attaneous for his are also described by a	Yes	No
Are you a sur	rviving child?	stranucada ina ina ina stranucada ina in	Yes	No
If yes, are y	you: Under 18 years of age?		Yes	No
	Unmarried?		Yes	No
			100	
	f qualifying parent's children who are under 18 and unmarried		 	
	e Application			
	ible for this exemption last year, check this box and enter the prior tax year. You must have m year to receive the exemption for last year.	net all of the qualifications	above on Ja	anuary 1
Application	on for exemption for prior tax year,			
STEP 5: Cert	tification and Signature			
By signing this a	application, you certify that the information provided in this application is true and correct to t	the best of your knowled	ge and belief	
print				
here 7	Name Title		-	
sign				
Autho	orized Signature Date	0 0 0 0 0	0 0 0	

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.