

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 ☐ Blindness in one or both eyes
 - 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 that the information provided in this application is true and correct to the best of your knowledge and belief.

print
here →

Print Name

Title

sign
here →

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.

STEP 3: Military Duty Return

Branch of Service: _____

Please attach a copy of active duty service and transfer order.

Please provide the following applicable dates.

Discharge from active military service: _____/_____/_____

Return to the state: _____/_____/_____

Return to non-active duty status in the reserves: _____/_____/_____

War or national emergency end date: _____/_____/_____

STEP 4: Certification and Signature

By signing this request, you certify the information in this document and any information attached is true and correct to the best of your knowledge and belief.

**print
here** ➔

Print Name _____

**sign
here** ➔

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.

Office Use Only:

☐

Waiver approved

_____/_____/_____

☐

Waiver denied

_____/_____/_____

Property owner notified:

_____/_____/_____

Taxing units notified:

_____/_____/_____

Delinquent tax attorney notified:

_____/_____/_____