



Harris County Appraisal District

FORM 11.13 (01/16)

Application for Residence Homestead Exemption

Account Number:

Tax Year:

Return to: Harris County Appraisal District, P. O. Box 922012, Houston, Texas 77292-2012. The district is located at 13013 Northwest Fwy, Houston, TX 77040. For questions, call (713) 957-7800.

* NEWHS111 *

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

APPLICATION DEADLINES: You must file the completed application with all required documentation beginning Jan.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 must apply for the exemption no later than the first anniversary of the date you qualify for the exemption.

Pursuant to Tax Code Section 11.431, you may file a late application for a residence homestead exemption, including an exemption under Tax Code Sections 11.131, 11.132 and 11.133 after the deadline for filing has passed if it is filed not later than one year 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 if and when your right to this exemption ends.

OTHER IMPORTANT INFORMATION

Pursuant to Tax Code Section 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.

State the Year for Which You are Applying

Tax Year _____ Date when you began occupying the property as your principal residence _____

Do you own the property for which you are seeking an exemption? Yes No

Step 1: Property Owner/Applicant Information

| Name of Property Owner | Driver's License, Personal ID Certificate or Social Security Number* | Birth Date** | Ownership Interest |
|------------------------|--|--------------|--|
| | | | <input type="checkbox"/> Community property or <input type="checkbox"/> Percent owned _____ % |
| | | | <input type="checkbox"/> Community property or <input type="checkbox"/> Percent owned _____ % |

If additional owners are applying for the exemption, please attach a list giving the above information for each.

Mailing Address _____

City, State, ZIP Code _____

Phone (area code and number) _____

* Pursuant to Tax Code Section 11.43(f), you are required to furnish this information. A driver's license number, personal identification certificate number, or social security account number provided in an application for an exemption filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee or agent of the appraisal district which appraises property or performs appraisal services for the appraisal district, except as authorized by Tax Code Section 11.48(b).

** Tax Code Section 11.43(m) allows a person who receives a general homestead exemption in a tax year to receive the age 65 or older exemption for an individual 65 years of age or older in the next tax year on the same property without applying for the age 65 or older exemption if the person becomes 65 years of age in that next year as shown by information in the records of the appraisal district that was provided to the appraisal district by the individual in an application for a general residence homestead exemption.

Step 2: Property that Qualifies for Residence Homestead Application

Physical Address (i.e., street address, not P.O. Box), City, County, State, ZIP Code _____

Legal Description (if known) _____ HCAD Account Number _____

Number of acres (or fraction of an acre, not to exceed 20 acres) you own and occupy as your principal residence _____ acres

MANUFACTURED HOME: Make, model and identification number _____

If the ownership of your property is in stock in a cooperative housing corporation, do you have an exclusive right to occupy the unit at the physical address identified above? Yes No

Step 3: Types of Residence Homestead Exemption

Place an "x" or check mark beside the type of residence homestead exemption for which you are applying for the property described above in Step 2. A brief description of the qualifications of each type of exemption is provided beside the exemption name. For complete details regarding each type of exemption and its specific qualifications, you should consult the Tax Code Chapter 11, Taxable Property and Exemptions. You may call the Harris County Appraisal District at (713) 957-7800 or go to "Contact Us" at www.hcad.org.

GENERAL RESIDENCE HOMESTEAD EXEMPTION (Tax Code Section 11.13 (a)(b)): You may qualify for this exemption if for the current year and, if filing a late application, for the year for which you are seeking an exemption: (1) you owned this property on January 1; (2) you occupied it as your principal residence on January 1; and (3) you and your spouse do not claim a residence homestead exemption on any other property.

DISABLED PERSON EXEMPTION (Tax Code Section 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 can't receive an age 65 or older exemption if you receive this exemption.

AGE 65 OR OLDER EXEMPTION (Tax Code Section 11.13(c), (d)): You may qualify for this exemption if you are 65 years of age or older. This exemption is effective Jan. 1 of the year in which you become age 65. You cannot receive a disability exemption if you receive this exemption.

SURVIVING SPOUSE OF INDIVIDUAL WHO QUALIFIED FOR AGE 65 OR OLDER EXEMPTION (Tax Code Section 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 exemption under Tax Code Section 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 can't receive this exemption if you receive an exemption under Tax Code Section 11.13(d).

Name of Deceased Spouse _____
Date of Death

100% DISABLED VETERANS EXEMPTION (Tax Code Section 11.131(b)): You may qualify for this exemption if you are a disabled veteran who receives from the United States Department of Veterans Affairs or its successor: (1) 100 percent disability compensation due to a service-connected disability; and (2) a rating of 100 percent disabled or individual unemployability.

SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED OR WOULD HAVE QUALIFIED FOR THE 100% DISABLED VETERAN'S EXEMPTION (Tax Code Section 11.131(c)(d)): You may qualify for this exemption if you were married to a disabled veteran who qualified for an exemption under Tax Code Section 11.131(b) at the time of his or her death and: (1) you have not remarried since the death of the disabled veteran and (2) the property was your residence homestead when the disabled veteran died and remains your residence homestead.

Name of Deceased Spouse _____
Date of Death

DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN (Tax Code Section 11.132(b)): You may qualify for this exemption if you are a disabled veteran with a disability rating of less than 100 percent and your residence homestead was donated to you by a charitable organization at no cost to you. Please attach all documents to support your request. Name(s) of Owner(s) who qualify _____

Percent Disability Rating

SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION (Tax Code Section 11.132(c)(d)): You may qualify for this exemption if you were married to a disabled veteran who qualified for an exemption under Tax Code Section 11.132(b) at the time of his or her death and: (1) you have not remarried since the death of the disabled veteran and (2) the property was your residence homestead when the disabled veteran died and remains your residence homestead. Please attach all documents to support your request.

Name of Deceased Spouse _____
Date of Death

SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION (Tax Code Section 11.133(b)(c)): You may qualify for this exemption if you are the surviving spouse of a member of the United States armed services who is killed in action and you have not remarried since the death of the member of the armed services. Please attach all documents to support your request.

Application for Residence Homestead Exemption

Step 4: Tax Limitation or Exemption Transfer

Place an "x" or check mark beside the type of tax limitation or surviving spouse exemption transfer you seek from your previous homestead exemption:

- Tax limitation (Tax Code Section 11.26(h) or 11.261(h))
100% Disabled Veteran's Exemption (Tax Code Section 11.131(d))
Donated Residence Homestead of Partially Disabled Veteran (Tax Code Section 11.132(d))
Member of Armed Forces Killed in Action (Tax Code Section 11.133(c))

Address of previous residence homestead:

Step 5: Application Documents

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.

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 Subchapter C, Chapter 56, Code of Criminal Procedure.

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 armed services of the United States or the spouse of an active duty member. Attached are: (1) a copy of my military identification card (or that of my spouse); and (2) a copy of a utility bill for the property subject to the claimed exemption in my name or my spouse's name.
I hold a driver's license issued under Section 521.121(c) or 521.1211, Transportation Code. Attached is a copy of the application for that license from the Texas Department of Transportation.

For an AGE 65 OR OLDER OR DISABLED EXEMPTION AND/OR TO DESIGNATE A COMMUNITY PROPERTY INTEREST:

In addition to the information identified above, an applicant for an age 65 or older or disabled exemption who is not specifically 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 (see last page) or other compelling evidence establishing the applicant's ownership of an interest in the homestead.

For a 100% DISABLED VETERAN EXEMPTION:

In addition to the information identified above, an applicant for a 100% disabled veteran's exemption or the surviving spouse of a disabled veteran who qualified for the 100% disabled veteran's exemption must provide documentation from the United States Department of Veterans Affairs or its successor indicating that the veteran received 100 percent disability compensation due to a service-connected disability and had a rating of 100 percent disabled or individual unemployment.

For MANUFACTURED HOMES:

For a manufactured home to qualify for a residence homestead, applicant must provide:

- 1) a copy of the statement of ownership and location 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;
2) a copy of the purchase contract or payment receipt showing that the applicant is the purchaser of the manufactured home; or
3) a sworn affidavit (see last page) by the applicant indicating that:
a) the applicant is the owner of the manufactured home;
b) the seller of the manufactured home did not provide the applicant with a purchase contract; and
c) the applicant could not locate the seller after making a good faith effort.

Step 6: Affirmation and Signature

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.

I (We), _____ and _____, swear or affirm the following:
Printed Name-Property Owner Printed Name-Property Owner

(1) that each fact contained in this application is true and correct; (2) that I meet the qualifications under Texas law for the residence homestead exemption for which I am applying; (3) that I do not claim an exemption on another residence homestead in Texas or claim a residence homestead exemption on a residence outside Texas; and (4) that I have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.

sign

here â _____ and _____
Signature of Property Owner Date Signature of Property Owner Date
or Person Authorized to Sign the Application* or Person Authorized to Sign the Application*

*Only a person with a valid power of attorney or other court-ordered designation is authorized to sign the application on behalf of the property owner.

Affidavits: Complete and have notarized, if applicable (See Step 5).

AFFIDAVIT FOR PERSONS WHO ARE AGE 65 OR OLDER OR HAVE QUALIFYING DISABILITIES AND/OR SPOUSES WITH A COMMUNITY PROPERTY INTEREST

STATE OF TEXAS

COUNTY OF _____

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

"My name is _____. I am over 18 years of age and I am otherwise fully competent to make this affidavit. I have personal knowledge of the facts contained herein and all of same are true and correct. I meet the qualifications for a residence homestead exemption under Tax Code Section 11.13(c) or (d) and (check the appropriate box) :

am not specifically identified on a deed or other appropriate instrument recorded in the applicable real property records as an owner of the residence homestead identified in this application. I am a legal owner of the property with a community property interest.

am not specifically identified on a deed or other appropriate instrument recorded in the applicable real property records as an owner of the residence homestead identified in this application. I am a legal owner and own _____ percent of the property.

I am a legal owner of the property with a community property interest.

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

MANUFACTURED HOME AFFIDAVIT

STATE OF TEXAS

COUNTY OF _____

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

"My name is _____. I am over 18 years of age and I am otherwise fully competent to make this affidavit. I have personal knowledge of the facts contained herein and all of same are true and correct. I am the owner of the manufactured home identified in the foregoing exemption application. The seller of the manufactured home did not provide me with a purchase contract 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: _____