

Residence Homestead Exemption Application

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Harris County Appraisal District
Information & Assistance Division
P.O. Box 922012
Houston TX 77292-2012
Form 11.13 (02/19)



Account Number: _____

Tax Year: _____

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

GENERAL INSTRUCTIONS Return the completed form to the address above. For questions, call 713-957-7800. 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. The exemptions apply only to property that you own and occupy as your principal place of residence. 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 after the deadline for filing has passed. The late application must be filed within two years 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. You must notify the chief appraiser in writing before May 1 of the year after your right to this exemption ends.

OTHER IMPORTANT INFORMATION
After considering this application and all relevant information, the chief appraiser may request additional information from you, pursuant to Tax Code Section 11.45. 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.

SECTION 1: Exemption(s) Requested

General Residence Homestead Exemption Disabled Person Person Age 65 or Older (or Surviving Spouse)

100 Percent Disabled Veteran (or Surviving Spouse) Is the disability a permanent total disability as determined by the U.S. Department of Veterans Affairs under 38 C.F.R. Section 4.15? Yes No

Surviving Spouse of an Armed Services Member Killed in Action Surviving Spouse of a First Responder Killed in the Line of Duty

Donated Residence of Partially Disabled Veteran (or Surviving Spouse) _____ Percent Disability Rating

Surviving Spouse: _____ Name of Deceased Spouse _____ Date of Death _____

Cooperative Housing: Do you have an exclusive right to occupy this property because you own stock in a cooperative housing corporation? Yes No

If yes, state name of cooperative housing corporation: _____

Were you receiving a homestead exemption on your previous residence? Yes No

Are you transferring an exemption from a previous residence? Yes No

Are you transferring a tax limitation? Yes No

Previous Residence Address, City, State, Zip Code _____ Previous County _____

SECTION 2: Property Owner/Applicant (Provide information for additional property owners in Section 5.)

Single Adult Married Couple Other (e.g., individual who owns the property with others)

Name of Property Owner 1 _____ Birth Date* (mm/dd/yyyy) _____ Driver's License, Personal ID Certificate or Social Security Number** _____

Primary Phone Number (area code and number) _____ Email Address*** _____ Percent Ownership Interest _____

Name of Property Owner 2 (e.g., Spouse, Co-Owner/Individual) _____ Birth Date* (mm/dd/yyyy) _____ Driver's License, Personal ID Certificate or Social Security Number** _____

Primary Phone Number (area code and number) _____ Email Address*** _____ Percent Ownership Interest _____

Applicant mailing address (if different from the physical address) _____

Residence Homestead Exemption Application

SECTION 3: Property Information

Date you purchased this property

Date you began occupying this property as your principal residence

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

Legal Description (if known)

Manufactured Home Make

Model

ID Number

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 income producing: _____ percent

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

SECTION 4: 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.

Facility Name and Address

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 U.S. 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.

SECTION 5: Additional Information

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

SECTION 6: 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.

I, _____, swear or affirm the following:
Property Owner/Authorized Representative Name _____, Title/Authorization _____

1. that each fact contained in this application is true and correct;
2. that I/the property owner meet(s) the qualifications under Texas law for the residence homestead exemption for which I am applying; and
3. 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.

sign
here ➔

Signature of Property Owner/Applicant or Authorized Representative

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.

Residence Homestead Exemption Application Affidavits

Account Number: _____

GENERAL INSTRUCTIONS: This affidavit is for use when claiming residence homestead exemptions pursuant to Tax Code Sections 11.13, 11.131, 11.132, 11.133, 11.134 and 11.432.

FILING INSTRUCTIONS: Attach the completed and notarized affidavit to your Residence Homestead Exemption Application for filing with the appraisal district office generally between Jan. 1 and April 30 of the year for which the exemption is requested.

AFFIDAVIT FOR OWNER/APPLICANT WHO IS AGE 65 OR OLDER AND 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 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.

Percent Ownership Interest: _____
Further, Affiant sayeth not."

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 AND 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.

Percent Ownership Interest: _____
Further, Affiant sayeth not."

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.

Percent Ownership Interest: _____
Further, Affiant sayeth not."

SUBSCRIBED AND SWORN TO before me this, the

_____ day of _____, _____

Notary Public in and for the State of Texas

My Commission expires: _____

Signature of Affiant

Residence Homestead Exemption Application

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 persons 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)

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))

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 by the applicant 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. Documentation must be provided.

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. 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))

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. This exemption cannot be combined with the disabled persons exemption.

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

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).

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 from the Veterans Administration 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 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 Killed in the Line of Duty (Tax Code Section 11.134)

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.

Residence Homestead Exemption Application

Form 50-114

Fort Bend County Appraisal District

Appraisal District's Name

Appraisal District Account Number (if known)

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

GENERAL INFORMATION: Property owners applying for a residence homestead exemption file this form and supporting documentation with the appraisal district in each county in which the property is located (Tax Code Sections 11.13, 11.131, 11.132, 11.133, 11.134 and 11.432). **Do not file this form with the Texas Comptroller of Public Accounts.**

SECTION 1: Exemption(s) Requested (Select all that apply.)

General Residence Homestead Exemption Disabled Person Person Age 65 or Older (or Surviving Spouse)
 100 Percent Disabled Veteran (or Surviving Spouse) Is the disability a permanent total disability as determined by the U.S. Department of Veterans Affairs under 38 C.F.R. Section 4.15? Yes No
 Surviving Spouse of an Armed Services Member Killed in Action Surviving Spouse of a First Responder Killed in the Line of Duty
 Donated Residence of Partially Disabled Veteran (or Surviving Spouse)

Percent Disability Rating

Surviving Spouse: _____ Name of Deceased Spouse _____ Date of Death _____

Cooperative Housing: Do you have an exclusive right to occupy this property because you own stock in a cooperative housing corporation? Yes No
If yes, state name of cooperative housing corporation: _____
Were you receiving a homestead exemption on your previous residence? Yes No
Are you transferring an exemption from a previous residence? Yes No
Are you transferring a tax limitation? Yes No

Previous Residence Address, City, State, Zip Code

Previous County

SECTION 2: Property Owner/Applicant (Provide information for additional property owners in Section 5.)

Select One: Single Adult Married Couple Other (e.g., individual who owns the property with others)

Name of Property Owner 1	Birth Date* (mm/dd/yyyy)	Driver's License, Personal ID Certificate or Social Security Number**
Primary Phone Number (area code and number)	Email Address***	Percent Ownership Interest
Name of Property Owner 2 (e.g., Spouse, Co-Owner/Individual)	Birth Date* (mm/dd/yyyy)	Driver's License, Personal ID Certificate or Social Security Number**
Primary Phone Number (area code and number)	Email Address***	Percent Ownership Interest

Applicant mailing address (if different from the physical address)

SECTION 3: Property Information

Date you acquired this property

Date you began occupying this property as your principal residence

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

Legal Description (if known)

Is the applicant identified on deed or other recorded instrument?

Yes _____ Court record/filing number on recorded deed or other recorded instrument
 No If no, required documentation must be provided. (see important information)

Is the property for which this application is submitted an heir property (see Important Information)? Yes No

Do other heir property owners occupy the property? Yes (affidavits required) No