



**APPLICATION FOR RESIDENTIAL HOMESTEAD EXEMPTION (see back for Additional instructions)**

**IMPORTANT INFORMATION FOR APPLICANTS**

**GENERAL INSTRUCTIONS:** 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. **Certain exemptions may also require Form 50-114-A (see Page 3).** The exemptions apply only to property that you own and occupy as your principal place of residence.

**FILING INSTRUCTIONS:** File this form and all supporting documentation with the Jim Wells County Appraisal District office generally between January 1 and April 30 of the year for which the exemption is requested. **DO NOT file this document with the Texas Comptroller of Public Accounts.** A directory with contact information for appraisal district offices is on the Comptroller's website.

Name
Attn
Addr
City, ST, Zip

Date you purchased this property:

Date you began occupying the property as your principal residence:

<b>LEGAL DESCRIPTION:</b>		<b>ACCOUNT NUMBER:</b>	
		<b>JURISDICTIONS:</b>	
		<b>PROPERTY ADDRESS:</b>	
NOTE: If property address is not correct, please show correct address below:			
<b># of acres used for residential purposes:</b>		<b>ACS</b>	
<b>MOBILE HOMES:</b>	<b>Size:</b>	<b>Year:</b>	
	<b>Make:</b>	<b>Model:</b>	
	<b>Serial #:</b>	<b>Label #:</b>	

<b>EXEMPTIONS(S) REQUESTED (Select all that apply)</b>	
___ (year) <input type="checkbox"/>	General Residence Homestead ( <b>§11.13 (a), (b)</b> )
___ (year) <input type="checkbox"/>	Age 65 or Older (or Surviving Spouse) ( <b>§11.13 (c), (d), (q)</b> )
___ (year) <input type="checkbox"/>	Disabled Person ( <b>§11.13 (c), (d)</b> )
___ (year) <input type="checkbox"/>	100% Disabled Veteran (or Surviving Spouse) ( <b>§11.131 (b), (c), (d)</b> )
Is the disability a permanent total disability as determined by the US Department of Veterans Affairs Under 38 C.F.R. Section 4.15? <input type="checkbox"/> Yes <input type="checkbox"/> No	
___ (year) <input type="checkbox"/>	Surviving Spouse of an Armed Service Member Killed in Action ( <b>§11.133 (b), (c)</b> )
___ (year) <input type="checkbox"/>	Surviving Spouse of a First Responder Killed in the Line of Duty ( <b>§11.134</b> )
___ (year) <input type="checkbox"/>	Donated Residence of Partially Disabled Veteran (or Surviving Spouse) ( <b>Sec 11.132 (b), (c), (d)</b> )
___ % Disability Rating	
If you indicated eligibility for one of the surviving spouse exemptions, please provide the following information regarding your deceased spouse:	
Deceased Spouse's Name: _____ Date of Death: _____	

<b>PROPERTY OWNER/APPLICANT (Provide information for additional property owners on Pg 2)</b>			
<b>Name of Owner: 1:</b>		<b>Birth Date*:</b>	
<b>Driver's License or ID: #:</b>	<b>Social Security #**:</b>	<b>Percent Ownership:</b>	
<b>Email Address***:</b>	<b>Primary Phone #:</b>	<b>Other Phone #:</b>	

<b>Name of Owner: 2:</b>		<b>Birth Date*:</b>	
<b>Driver's License or ID: #:</b>	<b>Social Security #**:</b>	<b>Percent Ownership:</b>	
<b>Email Address***:</b>	<b>Primary Phone #:</b>	<b>Other Phone #:</b>	

The applicant is the following type of property owner:  Single Adult  Married Couple  Other (individual who owns property with others)

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

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

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

Yes  No Is any portion of the property for which you are claiming a residence homestead exemption income producing? %

**PROPERTY OWNER/APPLICANT Continued**

Yes  No Are you transferring a tax limitation? If YES, you MUST request a "Tax Ceiling Certificate" from the Appraisal District your previous residence homestead was located in and submit the form along with this application.

Previous residence homestead address: \_\_\_\_\_ Previous County: \_\_\_\_\_

Yes  No Is the applicant identified on deed or other recorded instrument? Court record/filing # on recorded deed or other recorded instrument: \_\_\_\_\_  
If no, required documentation must be provided. (See important information Pg 4)

Yes  No Is the property for which this application is submitted an heir property? (See important information Pg 4)

Yes  No Do other heir property owners occupy the property? *If Yes, affidavits are required.*

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

**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.  
Name & Address of Facility: \_\_\_\_\_
- 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 58, Subchapter B.

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 US 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.

**ADDITIONAL INFORMATION**

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

**ADDITIONAL PERSONS WHO HAVE OWNERSHIP INTEREST IN PROPERTY**

Name of Owner: 3:		Birth Date*:	
Driver's License or ID: #:	Social Security #**:	Percent Ownership:	
Email Address***:	Primary Phone #:	Other Phone #:	

Name of Owner: 4:		Birth Date*:	
Driver's License or ID: #:	Social Security #**:	Percent Ownership:	
Email Address***:	Primary Phone #:	Other Phone #:	

**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.**

\*NOTE: If an individual other than the property owner/applicant files and signs this form as a representative of the property/owner applicant they MUST provide evidence of his/her capacity and authority to represent the property owner/applicant in this matter (for example: a valid power of attorney or other court-ordered designation).

I swear or affirm the following:

- that each fact contained in this application is true and correct;
- that I/the property owner meet(s) the qualifications under Texas law for the residence homestead for which they are applying;
- 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 and
- that the applicant has read and understands the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.

Applicant's Signature		Date
Printed Name		
Notary Public or CAD Employee		Date

\* May be used by appraisal district to determine eligibility for persons age 65 or older exemption or surviving spouse exemptions (Tax Code §1143(m))

\*\* Social security number disclosure may be required for tax administration and identification. (42 U.S.C. §405(c)(2)(C)(i); Tax Code §1143(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 §1148(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

**AFFIDAVITS – Please Complete the appropriate section and have notarized, if applicable**

<b>State of Texas</b>	<b>County of</b> _____
Before me, the undersigned authority, personally _____, who, being by me duly sworn, deposed as follows:	
“My name is _____ and I am applying for:	
<input type="checkbox"/> <b>AFFIDAVIT FOR OWNER/APPLICANT WHO IS AGE 65 OR OLDER &amp; OWNERSHIP INTEREST IS NOT OF RECORD</b> 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 _____% Further, affiant sayeth not.”	
<input type="checkbox"/> <b>AFFIDAVIT FOR OWNER/APPLICANT WHO HAS QUALIFYING DISABILITY AND OWNERSHIP INTEREST NOT OF RECORD</b> A residence homestead exemption for property owners with qualifying disabilities. I am over 18 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 _____% Further, affiant sayeth not.”	
<input type="checkbox"/> <b>AFFIDAVIT FOR OWNER/APPLICANT WITHOUT WRITTEN OWNERSHIP DOCUMENT FOR MANUFACTURED HOME</b> A residence homestead exemption as an owner of a manufactured home. I am over 18 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 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. Further, affiant sayeth not.”	
<input type="checkbox"/> <b>AFFIDAVIT FOR APPLICANT CLAIMING AN OWNERSHIP INTEREST OF PROPERTY, INCLUDING HEIR PROPERTY</b> <i>For Purpose of Residence Homestead Exemption Application Only</i> A residence homestead exemption. 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 real property identified in this application. I acquired the ownership of the real property identified on this application by will, transfer on death deed or intestacy and I am not identified as an owner on a deed or other appropriate instrument recorded in the real property records of the county where the property identified in this application is located. Further, Affiant sayeth not.”	
_____ Signature of Affiant <b>SUBSCRIBED AND SWORN TO</b> before me this, _____ day _____, _____.	
_____ Notary Public in and for the State of Texas	My Commission Expires: _____

<input type="checkbox"/> <b>AFFIDAVIT FOR OWNER OTHER THAN THE APPLICANT THAT OCCUPIES HEIR PROPERTY AS PRINCIPAL RESIDENCE</b> <i>For Purpose of Residence Homestead Exemption Application Only</i>	
<b>State of Texas</b>	<b>County of</b> _____
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; 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 real property identified in the application _____ and I occupy the property as my principal residence; I authorize the individual named below to submit the residence homestead exemption application: _____ Further, Affiant sayeth not.”	
_____ Signature of Affiant <b>SUBSCRIBED AND SWORN TO</b> before me this, _____ day _____, _____.	
_____ Notary Public in and for the State of Texas	My Commission Expires: _____

# 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.

**Heir property** is property owned by one or more individuals, where at least one owner claims the property as a residence homestead, and the property was acquired by will, transfer on death deed, or intestacy. An heir property owner not specifically identified as the residence homestead owner on a deed or other recorded instrument in the county where the property is located must provide:

- an affidavit establishing ownership of interest in the property (See Form 114-A);
- a copy of the prior property owner's death certificate;
- a copy of the property's most recent utility bill; and
- A citation of any court record relating to the applicant's ownership of the property, if available.

Each heir property owner who occupies the property as a principal residence, other than the applicant, must provide an affidavit that authorizes the submission of this application (See Form 50-114-A).

**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 (see Form 50-114-A) 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. 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. (See Form 50-114-A) An eligible disabled person age 65 or older may receive both exemptions in the same year, but not from the same taxing units. Contact the appraisal district for more information.

**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. (See Form 50-114-A) An eligible disabled person age 65 or older may receive both exemptions in the same year, but not from the same taxing units. Contact the appraisal district for more information.

**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 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.