



TRAVIS CENTRAL APPRAISAL DISTRICT
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Granted: _____ Date: ___ / ___ / ___
 Denied : _____ Date: ___ / ___ / ___

APPLICATION FOR RESIDENCE HOMESTEAD EXEMPTION FOR DISABLED VETERAN WITH 100 PERCENT DISABILITY

Property ID: _____	Situs: _____	Tax Year: _____
Legal Description: _____		

Step 1: Owners name and address

 Name of Owner

 Present Mailing Address (Number and Street)

 City, Town or Post Office, State, Zip Code

Telephone: _____
 Birth Date: _____

Drivers License Number, Personal ID Certificate, or
 Social Security Number*:

Step 2: Describe your property

Give street address if different from situs listed above, or legal description if no street address.

MOBILE HOMES - Give make, model, and identification number.

Attach a copy of statement of ownership from the Texas Department of Housing and Community Affairs if home is 8'X40' or larger and document has not been cancelled, or attach a verified copy of the purchase contract that shows you are the owner of the mobile home unless your title information appears on the Texas Department of Housing and Community Affairs' Web site. If so, the appraisal district may use the Web site documents to verify your eligibility.

Make: _____ Model: _____ Identification #: _____

Number of acres used for residential purposes (yard, garden, garage, etc.) _____ Acres

Step 3: Disabled Veteran Information

You qualify for this exemption if you are a disabled veteran who receives from the United States Department of Veteran Affairs or its successor 100 percent disability compensation due to a service-connected disability and a rating of 100 percent disability or of individual unemployability.

Branch of Service	Disability Rating	Age	Serial Number
_____	_____	_____	_____

Attach a copy of your award letter, "VA tax letter" or other documentation from the United States Department of Veterans Affairs showing 100 percent disability compensation due to a service-connected disability and a rating of 100 percent disabled or of individual unemployability.

Step 4: Sign and date the application

I certify the information on this document and any attachment is true and correct to the best of my knowledge.

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 Texas Penal Code Section 37.10.

*You are required to give us this information on this form, in order to perform tax related functions for this office. Section 11.43 of the Tax Code authorizes this office to request this information to determine tax compliance. The chief appraiser is required to keep the information confidential and not open to public inspection, except to appraisal office employees who appraise property and as authorized by Section 11.48(b), Tax Code.