

APPLICATION FOR DISABLED VETERAN'S OR SURVIVOR'S EXEMPTION FOR 20 _____

For appraisal district use only---
LEGAL DESCRIPTION:

This application covers property you owned on January 1 of this year. You must file the completed form between January 1 and April 30 of this year. You may file a late exemption application if you file it no later than one year after the date you paid your taxes on this property or the taxes became delinquent, whichever comes first. Be sure to attach any additional documents requested. If the chief appraiser grants the exemption, you do not need to reapply annually, but 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 or your disability rating changes. Return the completed form to the address above.

STEP 1: OWNER'S NAME AND ADDRESS	Owner's name		
	Present mailing address (number and street)		
	City, state, and zip code		Telephone Work _____ Home _____
STEP 2: DESCRIBE THE PROPERTY	Give street address if different from above, or legal description if no street address		
	Mobile homes: Give make, model, and identification number		

CHECK THE EXEMPTIONS THAT APPLY TO YOU AND ANSWER THE QUESTIONS. YOU MAY QUALIFY FOR MORE THAN ONE EXEMPTION.

<input type="checkbox"/> CHECK HERE IF THIS EXEMPTION APPLIES TO YOU DISABLED VETERAN'S EXEMPTION	You qualify for this exemption if you are a veteran of the U.S. Armed Forces and your service branch or the Veteran's Administration has officially classified you as disabled. Your disability must be service related and you must be a Texas resident. Please give the following information and attach a letter or other document from the V.A. or service branch giving your most recent disability rating.			
	Branch of service	Disability rating	Age	Serial number
	Indicate with a check if you: <input type="checkbox"/> Have lost the use of one or more limbs (service related) <input type="checkbox"/> Are blind in either or both eyes (service related)			

Continue on back of form

<input type="checkbox"/> CHECK HERE IF THIS EXEMPTION APPLIES TO YOU SURVIVING SPOUSE OR CHILD OF A DECEASED DISABLED VETERAN	<p>You qualify for this exemption if you are the surviving spouse or child of a deceased veteran of the U.S. Armed Forces and the veteran's service branch or the Veteran's Administration had officially classified the veteran as disabled before his/her death. The disability must have been service related and you must be a Texas resident. If you are a surviving spouse, you must not have remarried. If you are a surviving child, you must be under 18 years old and your disabled parent's spouse must not have survived your disabled parent. Please give the following information and attach a letter or other document from the V.A. or service branch giving the veteran's most recent disability rating. Also attach a copy of a birth certificate or marriage license showing your relationship to the veteran.</p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Veteran's name</th> <th style="width: 20%;">Branch of service</th> <th style="width: 15%;">Disability rating</th> <th style="width: 15%;">Age at death</th> <th style="width: 20%;">Serial number</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Veteran's name	Branch of service	Disability rating	Age at death	Serial number					
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<p>Indicate with a check if the veteran:</p> <p><input type="checkbox"/> Had lost the use of one or more limbs (service related)</p> <p><input type="checkbox"/> Was blind in either or both eyes (service related)</p> <p>Are you a Texas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a <input type="checkbox"/> surviving spouse <input type="checkbox"/> surviving child?</p> <p>If you are a surviving spouse, have you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are a surviving child:</p> <p style="margin-left: 40px;">Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">Are you unmarried? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">Was your disabled parent married at the time he/she died? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">How many of your disabled parent's children are under 18 and unmarried? _____</p>											

<input type="checkbox"/> CHECK HERE IF THIS EXEMPTION APPLIES TO YOU SURVIVING SPOUSE OR CHILD OF AN ARMED FORCES MEMBER KILLED ON ACTIVE DUTY	<p>You qualify for this exemption if you are the surviving spouse or child of a person who died while on active duty with the U.S. Armed Forces. You must be a Texas resident. If you are a surviving child, you must be under 18 years old. Please give the following information and attach a letter or other document from the V.A. or service branch showing that the person died on active duty. Also attach a copy of a birth certificate or marriage license showing your relationship to the armed forces member. A surviving spouse who claims this exemption may not also receive an exemption as the surviving child of a deceased disabled veteran or armed forces member killed on active duty.</p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Member's name</th> <th style="width: 20%;">Branch of service</th> <th style="width: 15%;">Disability rating</th> <th style="width: 15%;">Age at death</th> <th style="width: 20%;">Serial number</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Member's name	Branch of service	Disability rating	Age at death	Serial number					
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<p>Are you a <input type="checkbox"/> surviving spouse <input type="checkbox"/> surviving child?</p> <p>If you are a surviving child:</p> <p style="margin-left: 40px;">Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">Are you unmarried? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">How many of the member's children are under 18 and unmarried? _____</p> <p>Are you a Texas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>											

STEP 3: CHECK IF LATE APPLICATION	<p>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 last year.</p> <p style="text-align: center;"><input type="checkbox"/> Application for exemption for prior tax year, _____.</p>
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STEP 4: SIGN THE APPLICATION	<table style="width: 100%;"> <tr> <td style="width: 70%; height: 40px; vertical-align: bottom;">Signature</td> <td style="width: 30%; height: 40px; vertical-align: bottom;">Date</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Under Texas Penal Code, Section 37.10, if you make a false statement on this application, you could receive a jail term of up to 1 year and a fine of up to \$3,000, or community correctional facility confinement of up to 1 year, or a prison term of 2 to 10 years and a fine of up to \$10,000.</p>	Signature	Date
Signature	Date		