



# Supplemental Application for Charitable Organizations Improving Property for Low-Income Housing Property Tax Exemption

Property Tax  
**Form 50-243**

Travis Central Appraisal District

Appraisal District's Name

(512) 834-9138

Phone (area code and number)

MAILING: P O BOX 149012 AUSTIN, TX 78714-9012 OFFICE: 8314 CROSS PARK DR. AUSTIN, TX 78754

Address, City, State, ZIP Code

**GENERAL INSTRUCTIONS:** If you previously filed a valid Application for Charitable Organizations Improving Property for Low-Income Housing Property Tax Exemption, you must file this application when you acquire additional improved and unimproved real property at any time during the year.

**APPLICATION DEADLINES:** You must file the completed application not later than the 30th day after the date you acquire the property. The exemption is applicable only to that portion of the year in which the property qualifies for exemption. Property is eligible for this exemption for five years after the date of acquisition.

### OTHER IMPORTANT INFORMATION

Pursuant to Tax Code §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.

## STEP 1: State the Year for Which You are Seeking an Exemption

State the year for which you are seeking an exemption

## STEP 2: Provide Name and Mailing Address of Property Owner and Identity of Person Preparing Application

Name of Property Owner/Organization

Mailing Address

City, State, ZIP Code

Phone (area code and number)

Organization is a(n) (check one):

Individual  Partnership  Corporation  Other (specify): \_\_\_\_\_

Name of Person Preparing this Application

Title

Driver's License, Personal I.D. Certificate, or Social Security Number\*

If this application is for an exemption from ad valorem taxation of property owned by a charitable organization with a federal tax identification number, that number may be provided here in lieu of a driver's license number, personal identification certificate number, or social security number: .....

\* Unless the applicant is a charitable organization with a federal tax identification number, the applicant's driver's license number, personal identification certificate number, or social security account number is required. Pursuant to Tax Code Section 11.48(a), 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 of the appraisal office who appraises property, except as authorized by Tax Code Section 11.48(b). If the applicant is a charitable organization with a federal tax identification number, the applicant may provide the organization's federal tax identification number in lieu of a driver's license number, personal identification certificate number, or social security account number.

**STEP 3: Describe the Property for Which You are Seeking an Exemption**

Address, City, State, and ZIP code \_\_\_\_\_

Legal Description (if known) \_\_\_\_\_ Appraisal District Account Number (if known) \_\_\_\_\_

**STEP 4:**

Describe the primary use of this property:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STEP 5:**

\_\_\_\_\_ Date of Acquisition of the Property

**STEP 6:**

Is the property reasonably necessary for operation of the association/organization? .....  Yes  No

Year initial application granted \_\_\_\_\_.

List all other individuals and organizations that used this property in the past year, and give the requested information for each. Attach a separate sheet, if necessary.

Name	Dates Used	Activity	Rent Paid (If Any)

**STEP 7: Sign and Date**

**sign here** ➔

\_\_\_\_\_ 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 Section 37.10, Penal Code.**