

**Travis Central Appraisal District**  
850 E Anderson Lane  
Direct Mailing Address: PO Box 149012 Austin, Texas 78714-9012

**PHYSICIAN'S STATEMENT  
FOR DISABLED PERSON HOMESTEAD EXEMPTION**

GENERAL INSTRUCTIONS: If you are receiving Social Security disability benefits please submit a copy of your eligibility letter, payment stub from Social Security, along with your homestead exemption application. If you are disabled and are **not** receiving disability benefits, or are receiving disability benefits from a source other than Social Security benefits under the Federal Old-Age, Survivors, and Disability Insurance, the below Physician's Statement Form may be used to verify that your medical condition meets the definition of "disabled" as defined by the Social Security Administration. The Social Security Administration defines disabled as follows:

DISABLED means either 1) a person who has a medically determinable physical or mental impairment that prevents the individual from engaging in any substantial gainful activity and is expected to last for at least 12 continuous months or to result in death; or 2) a person 55 or older and blind and cannot engage in your previous work because of their blindness.

The following documents **MUST** be provided:

- **A copy of the homestead exemption application**
- **A signed copy of the Physician Statement Form**
- **A copy of your most recent federal income tax return including the corresponding W-2.**

Homestead Exemption Applications can be printed from our website at [www.traviscad.org](http://www.traviscad.org) under the form tab or call (512) 834-9138.

**To be completed by owner**  
**OWNER INFORMATION**

TCAD Account Number: \_\_\_\_\_

Name of Disabled Homeowner: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street Address City, State, ZIP Code

TX Driver's License / TX ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime / Cell Phone No.: \_\_\_\_\_

