Residence Homestead Exemption Application

Dallas Central Appraisal District: PO Box 560328 Dallas, TX 75356-0328 214-631-0910
Appraisal District's Name

20073500030020000
Appraisal District Account Number (if known)

Are you filing a late application? ☐ Yes ☐ No Tax Year(s) for Application

GENERAL INFORMATION: Property owners applying for a residence homestead exemption file this form and supporting documentation with the appraisal district in each county in which the property is located (Tax Code sections 11.13, 11.131, 11.132, 11.133, 11.134 and 11.432). **Do not file this form with the Texas Comptroller of Public Accounts.** Attach a copy of your Texas driver's license/ID card. The address listed on the license/ID must match the address of the property.

SECTION 1: Exemption(s) Requested (Select all that apply.)

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

☐ **General Residence Homestead Exemption** ☐ **Disabled Person (attach proof)** ☐ **Age 65 or Older (or Surviving Spouse)**

☐ **100 Percent Disabled Veteran (or Surviving Spouse)** Is the disability a permanent total disability as determined by the U.S. Department of Veterans Affairs under 38 C.F.R. Section 4.15? ☐ Yes ☐ No

☐ **Surviving Spouse of an Armed Services Member Killed or Fatally Injured in the Line of Duty**

☐ **Surviving Spouse of a First Responder Killed in the Line of Duty**

☐ **Donated Residence of Partially Disabled Veteran (or Surviving Spouse)**

Percent Disability Rating

Surviving Spouse:

Name of Deceased Spouse

Date of Death

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

If yes, state name of cooperative housing corporation:

Were you receiving a residence homestead exemption on your previous residence? (If yes, See Section 5) ☐ Yes ☐ No

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

Are you transferring a tax ceiling? (If yes, you may print the form from www.dallascad.org) ☐ Yes ☐ No

Previous Residence Address, City, State, Zip Code

Previous County

SECTION 2: Property Owner/Applicant (Provide information for additional property owners in Section 5.)

Select One: ☐ Single Adult ☐ Married Couple ☐ Married-living separately ☐ Trust (attach copy of document creating trust)

Name of Property Owner 1

Birth Date* (mm/dd/yyyy)

Driver's License, Texas ID Card**

Primary Phone Number (area code and number)

Email Address***

Percent Ownership Interest

Name of Property Owner 2
(e.g., Spouse, Co-Owner/Individual)

Birth Date* (mm/dd/yyyy)

Driver's License, Texas ID Card**

Primary Phone Number (area code and number)

Email Address***

Percent Ownership Interest

Applicant Mailing Address (if different from the physical address, please explain why)

SECTION 3: Property Information

Date you acquired this property

Date you began occupying this property as your principal residence

Physical Address (i.e. street address, not P.O. Box), City, ZIP Code

Legal Description (if known)

Is the applicant identified on deed or other recorded instrument?

☐ Yes

☐ No

Court record/filing number on recorded deed or other recorded instrument, if available If no, required documentation must be provided. (see Explanation of Exemptions)

SECTION 3: Property Information (continued)

Is the property for which this application is submitted an heir property? (see Explanation of Exemptions) ☐ Yes ☐ No

Do other heir property owners occupy the property? ☐ Yes (affidavits required) ☐ No

Manufactured Home Make _____ Model _____ ID Number _____

Number of acres (or fraction of an acre, not to exceed 20 acres) you own and occupy as your principal residence: _____ acres

SECTION 4: 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 card.

☐ I am a resident of a facility that provides services related to health, infirmity or aging. Attach a letter from the facility including the name and address of the facility, the applicant's date of residency, and confirmation of services received relating to health, infirmity, or aging.

☐ 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. Attach proof of participation.

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 card address:

☐ I am an active duty U.S. 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.

SECTION 5: Provide Additional Information Here

Was any portion of your property used for rental purposes or not occupied for homestead purposes (such as a room over a garage, detached buildings, or servant's quarters)? ☐ Yes ☐ No If yes, state the square footage used for rental _____

If you claim an exemption on another property or on your previous residence, if the property is located within Dallas County, the exemption will be removed and applied to this property. If the previous residence is located outside Dallas County, please attach documentation from the other appraisal district verifying removal of the exemption.

SECTION 6: 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.

I, _____ (Property Owner/Authorized Representative Name), _____ (Title/Authorization), swear or affirm the following:

1. that each fact contained in this application is true and correct;

2. that I/the property owner meet(s) the qualifications under Texas law for the residence homestead exemption for which I am applying; and

3. 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.

sign here ➧ _____ (Signature of Property Owner/Applicant Representative) _____ (Date)

sign here ➧ _____ (Signature of Additional Property Owner/Applicant (if any)) _____ (Date)

* May be used by appraisal district to determine eligibility for persons age 65 or older exemption or surviving spouse exemptions Tax Code §11.43(m).

** A driver's license number or Texas identification number disclosed in an exemption application is confidential and not open to public inspection, except as authorized by Tax Code §11.48(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.