

Residence Homestead Exemption Application



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

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Appraisal District's Name

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)

