WALLER COUNTY APPRAISAL DISTRICT

900 13TH STREET PO BOX 887 HEMPSTEAD, TEXAS 77445-0887 (979)921-0060 (979)921-0377(FAX) www.waller-cad.org

RE: Homestead Exemption

Dear Property Owner:

Attached is the 2015 Homestead Exemption. In order to qualify for this exemption, you must:

- (1) Own the property on January 1st;
- (2) Occupy the property on January 1st as your primary residence;
- (3) Not claim a Homestead Exemption on any other property

In order to receive your homestead exemption, this application must be filled out completely and returned with supporting documentation before April 30, 2015.

Failure to comply with the above request will result in the loss of the homestead exemption for 2015.

If you have any question, please contact this office. Office hours are 8:00 AM – 5:00 PM Monday-Friday. You may find additional information on our website: www.waller-cad.org.

Chris Barzilla Chief Appraiser Waller County Appraisal District

WALLER COUNTY APPRAISAL DISTRICT

APPLICATION FOR RESIDENCE HOMESTEAD EXEMPTION

900 13TH STREET PO BOX 887 HEMPSTEAD, TEXAS 77445 (979)921-0060 (979)921-0377 (FAX) www.waller-cad.org

□ NO

			OFFICE USE ONLY
			HS
			DP
			OV65
			OV65S
			DVHS
PROP ID:	(GEO ID:	
LEGAL:			%
IF ANY INFORMATION ABO	VE IS NOT CORREC	CT, PLEASE MAKE THE NECESSARY CHANGES.	
PLEASE PROVIDE US WITH	A DAYTIME CONTA	ACT PHONE NUMBER:	
	f Public Accounts. Loca	•	
This application is for use in claiming g	reneral homestead evemr	GENERAL INSTRUCTIONS: otions pursuant to Tax Code sections 11.13, 11.131, 11.132 Versions 1 and 2, and 11.43	22 The exemptions
apply to property that you own and or	•	·	sz. The exemptions
		WHERE TO FILE:	
		d with the appraisal district in the county in which your property is located. Location a be found at www.window.state.tx.us/propertytax/references/directory/cad.	nd address
		APPLICATION DEADLINES:	
	· ·	mentation beginning Jan. 1 and no later than April 30 of the year for which you are req	-
exemption. If you qualify for the age 6 qualify for the exemption.	5 or older or disabled per	rsons exemption, you must apply for the exemption no later than the first anniversary	of the date you
		ation for a residence homestead exemption, including an exemption under Tax Code Se	ections 11.131 and
11.132, after the deadline for filing ha	s passed if it is filed not la	ter than one year after the delinquency date for the taxes on the homestead. DUTY TO NOTIFY:	
f the chief appraiser grants the exemp	otion(s), you do not need	to reapply annually. You must reapply if the chief appraiser requires you to do so, or if	you want the
		ou must notify the chief appraiser in writing if and when your right to this exemption er APPRAISER IS REQUIRING YOU TO COMPLETE A NEW APPLICATION.	nds.
		OTHER IMPORTANT INFORMATION	
		ication and all relevant information, the chief appraiser may request additional informate equest or the application is denied. For good cause shown, the chief appraiser may ext	
for furnishing the additional information			
STEP 1: State the year for	which you are see	king exemption(s), the date you moved in, and your ownership	ip status.
Chata the year for which was an and	ing avamatica (a)	State the data was began accompling the same at some similar to the same similar to the sa	
State the year for which you are seek	ing exemption(s)	State the date you began occupying the property as your principal residence	

STEP 2: Provide information regarding all owners of the property for which you are seeking exemption(s). (Attach additional sheets if needed.)

OWNER'S NAME	DATE OF BIRTH*	ID NUMBER **	OWNERSHIP PERCENTAGE	QUALIFIES FOR EXEMPTION***	
				YES	NO
				YES	NO
				YES	NO

	appraises property, except as authorized by Tax Code Section 11.48(b). der to qualify for a Homestead Exemption, a person must own and occupy the pro	operty on January 1 st .	
STEP	3: Describe the property for which you are s	seeking exemption(s).	
Prop	DID:	GEO ID:	
SITUS	S ADDRESS:		
LEGA	L DESCRIPTION:		
	per of acres (not to exceed 20) used for residential occ		
(Note	: the structure and the land and improvements must	have identical ownership)	_acres
For a M	IANUFACTURED HOME, state the make, model and identificati	ion number:	
STEP	4: Identify exemptions that apply to you an	d state whether you are transferring a tax ceiling.	
	escriptions of qualifications for the exemptions listed are provi- end of this application is a listing of all taxing units served by W	ided under each listing; however, to obtain complete information, you should cons Valler CAD that offer the HS exemptions and their amounts.	ult the Tax Code.
		(Tax Code Section 11.13): You may qualify for this exemption if for the current and temption: (1) you owned the property on January 1; (2) you occupied it as your principles to the property on January 1; (2) you occupied it as your principles.	
		(1.13(c), (d)): You may qualify for this exemption if you are under a disability for pulage, Survivors, and Disability Insurance. You can't receive an age 65 or older exemptions.	
		1.13(c), (d)): You may qualify for this exemption if you are 65 years of age or older. of the receive a disability exemption if you receive this exemption.	You may

^{*} Tax Code Section 11.43(m) allows a person who receives a general homestead exemption in a tax year to receive the age 65 or older exemption for an individual 65 years of age or older in the next tax year on the same property without applying for the age 65 or older exemption if the person becomes 65 years of age in that next year as shown by information in the records of the appraisal district that was provided to the appraisal district by the individual in an application for a general residence homestead exemption

^{* *}Pursuant to Tax Code Section 11.43(f), you are required to furnish this information. 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).

deceased spouse died and remains you	r residence homestead. You can't r	eceive this exemption if you receive an exemption under rax code section 11
Name of Deceased Spouse:		Date of Death:
100% DISABLED VETERANS EXI	EMPTION (Tax Code 11.131): You	may qualify for this exemption if you are a disabled veteran who receives fro
United States Department of Veterans 100 percent disabled or individual uner	, , ,	ent disability compensation due to a service-connected disability; and (2) a ra
	•	ED FOR THE 100% DISABLED VETERAN"S EXEMPTION (Tax Code
	you have not remarried since the de	a disabled veteran who qualified for an exemption under Tax Code Section 1 eath of the disabled veteran and (2) the property was your residence homest
Name of Deceased Spouse:		Date of Death:
	EAD OF PARTIALLY DISABLE	D VETERAN (Tax Code Section 11.132, Version 1): You may qualify for this
exemption if you are a disabled veteral organization at no cost to you. Please	, •	100 percent and your residence homestead was donated to you by a charital r request.
• •	, •	
Percent Disability Rating:	ettach all documents to support you LED VETERAN WHO QUALIFIE Dray qualify for this exemption if you death and: (1) you have not remarn	
Percent Disability Rating:	ettach all documents to support you LED VETERAN WHO QUALIFIE Dray qualify for this exemption if you death and: (1) you have not remarn	ED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION were married to a disabled veteran who qualified for an exemption under Taxied since the death of the disabled veteran and (2) the property was your res
Percent Disability Rating:	ER OF ARMED FORCES KILLE use of a member of the United State	ED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION were married to a disabled veteran who qualified for an exemption under Taxied since the death of the disabled veteran and (2) the property was your resmestead. Please attach all documents to support your request. Date of Death D IN ACTION (Tax Code Section 11.132, Version 2): You may qualify for the sarmed services who is killed in action and you have not remarried since the
Percent Disability Rating:	ER OF ARMED FORCES KILLE use of a member of the United State Please attach all documents to support you tax limitation from your presidence how to be a member of the United State please attach all documents to supp	ED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION were married to a disabled veteran who qualified for an exemption under Taxied since the death of the disabled veteran and (2) the property was your resmestead. Please attach all documents to support your request. Date of Death D IN ACTION (Tax Code Section 11.132, Version 2): You may qualify for the sarmed services who is killed in action and you have not remarried since the
Percent Disability Rating:	ED VETERAN WHO QUALIFIE hay qualify for this exemption if you death and: (1) you have not remarn died and remains your residence ho ER OF ARMED FORCES KILLE use of a member of the United State Please attach all documents to supp tax limitation from your pre ling Certificate.	ED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION were married to a disabled veteran who qualified for an exemption under Taxied since the death of the disabled veteran and (2) the property was your resemestead. Please attach all documents to support your request. Date of Death Din ACTION (Tax Code Section 11.132, Version 2): You may qualify for the samed services who is killed in action and you have not remarried since the ort your request.

STEP 5: Application Documents

Attach a copy of your driver's license or state-issued personal identification certificate. The address listed on your driver's license or state-issued personal identification certificate must correspond to the address of the property for which an exemption is claimed in this application. In certain cases, you are exempt from these requirements or the chief appraiser may waive the requirements.

Please in certifica	ndicate if you are exempt from the requirement to provide a copy of your driver's license or state-issued personal identification te:
	I am a resident of a facility that provides services related to health, infirmity, or aging.
	Name and Address of Facility
	I am certified for participation in the address confidentiality program administered by the Office of the Texas Attorney General under Subchapter C, Chapter 56, Code of Criminal Procedure.
	ndicate if you request that the chief appraiser waive the requirement that the address of the property for which the exemption is claimed and to the address listed on your driver's license or state-issued personal identification certificate.
	I am an active duty member of the armed services of the United States or the spouse of an active duty member. Attached are a copy of my military identification card or that of my spouse and a copy of a utility bill for the property subject to the claimed exemption in my name or my spouse's name.

I hold a driver's license issued under Section 521.121 or 521.1211, Transportation Code. Attached is a copy of the application for that

For an AGE 65 OR OLDER OR DISABILED PERSON exemption:

license from the Texas Department of Transportation.

In addition to the information identified above, an applicant for an age 65 or older or disabled exemption who is not specifically identified on a deed or other instrument recorded in the applicable real property records as an owner of the residence homestead must provide an affidavit (see page 5) or other compelling evidence establishing the applicant's ownership of an interest in the homestead.

For a 100% DISABLED VETERAN exemption:

In addition to the information identified above, an applicant for a 100% disabled veterans exemption or the surviving spouse of a disabled veteran who qualified for the 100% disabled veteran's exemption must provide documentation from the United States Department of Veterans Affairs or its successor indicating that the veteran received 100 percent disability compensation due to a service-connected disability and had a rating of 100 percent disabled or individual unemployability.

For MANUFACTURED HOMES:

For a manufactured home to qualify for a residence homestead, applicant must provide:

- (1) A copy of the statement of ownership and location for the manufactured home issued by the Texas Department of Housing and Community Affairs showing that the applicant is the owner of the manufactured home.
- (2) A copy of the purchase contract or payment receipt showing that the applicant is the purchaser of the manufactured home; or
- (3) A sworn affidavit (see page 5) by the applicant indicting that:
 - a. The applicant is the owner of the manufactured home;
 - b. The seller of the manufacture home did not provide the applicant with a purchase contract; and
 - c. The applicant could not locate the seller after making a good faith effort.

STEP 6: (Cooperative Housing Residents Only) Provide statement regarding your right to occupy the property.				
Do you have an exclusive right to occupy this unit because you own stock in a cooperative housing corporation?	YES	NO		

STEP 7: Affirmation and Signature	
By signing this application, you state that the facts in this application are true and correct, that you do not claim another residence homestead in Texas and that you do not claim a residence homestead exemption on a res	
"I,Printed Name of Property Owner	, have not claimed another residence homestead
exemption in Texas or another state, and all information provided in this application is true and correct."	
sign here	
Signature of Property Owner or Person Authorized to Sign the Application*	Date
By signing this application, you state that the facts in this application are true and correct, that you do not claim a residence homestead in Texas and that you do not claim a residence homestead exemption on a re	
"I,	, have not claimed another residence homestead
"I,Printed Name of Property Owner	
exemption in Texas or another state, and all information provided in this application is true and correct."	
sign here	
Signature of Property Owner or Person Authorized to Sign the Application*	Date
By signing this application, you state that the facts in this application are true and correct, that you do not cannother residence homestead in Texas and that you do not claim a residence homestead exemption on a residence	
"I,	_ , have not claimed another residence homestead
Printed Name of Property Owner	
exemption in Texas or another state, and all information provided in this application is true and correct."	
sign here	
Signature of Property Owner or Person Authorized to Sign the Application*	Date

NOTICE REGARDING PENALTIES FOR MAKING OR FILING AN APPLICATION CONTAINING A FALSE STATEMENT: If you make a false statement on this form, you could be found guilty of a Class A misdemeanor or a state jail felony under Section 37.10, Penal Code.

Your signature on this application constitutes a sworn statement that you have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.

* Only a person with a valid power of attorney or other court-ordered designation is authorized to sign the application on behalf of the property owner.

AFFIDAVITS: Complete and have notarized, if applicable (See Step 5, above).

AFFIDAVIT FOR PERSONS WHO ARE AGI	E 65 OR OLDER OR HAVE QUALIFYING DISABILITIES
STATE OF TEXAS COUNTY OF	
Before me, the undersigned authority, personally appeared	
who, being by me duly sworn, deposed as follows:	
"My name is	. I am over 18 years of age and I am otherwise fully competent
to make this affidavit. I have personal knowledge of the facts contained homestead exemption under Tax Code Section 11.13(c) or (d) and am n	herein and all of same are true and correct. I meet the qualifications for a residence of specifically identified on a deed or other appropriate instrument recorded in the ad identified in this application. I am a legal owner of the property with a community
Further, Affiant sayeth not."	SUBSCRIBED AND SWORN TO before me this, the
	day of,
Signature of Affiant	
	Notary Public in and for the State of Texas
	My Commission expires:
AFFIDAVIT FOR PERSONS WHO ARE AGI	E 65 OR OLDER OR HAVE QUALIFYING DISABILITIES
STATE OF TEXAS COUNTY OF	
Before me, the undersigned authority, personally appearedwho, being by me duly sworn, deposed as follows:	
"My name is	. I am over 18 years of age and I am otherwise fully competent
to make this affidavit. I have personal knowledge of the facts contain residence homestead exemption under Tax Code Section 11.13(c) or	ed herein and all of same are true and correct. I meet the qualifications for a (d) and am not specifically identified on a deed or other appropriate instrument esidence homestead identified in this application. I am a legal owner and own
percent of the property.	
Further, Affiant sayeth not."	SUBSCRIBED AND SWORN TO before me this, the
	day of,
Signature of Affiant	
	Notary Public in and for the State of Texas
	My Commission expires:
	URED HOME AFFIDAVIT
STATE OF TEXAS COUNTY OF	
Before me, the undersigned authority, personally appeared who, being by me duly sworn, deposed as follows:	
"My name is	. I am over 18 years of age and I am otherwise fully competent
to make this affidavit. I have personal knowledge of the facts contained	herein and all of same are true and correct. I am the owner of the manufactured manufactured home did not provide me with a purchase contract and I could not
Further, Affiant sayeth not."	SUBSCRIBED AND SWORN TO before me this, the
	, day of,,
Signature of Affiant	
	Notary Public in and for the State of Texas
	My Commission expires:

ADDITIONAL HELPFUL INFORMATION

EXEMPTIONS OFFERED BY JURISDICTIONS IN WALLER COUNTY APPRAISAL DISTRICT ON HOMESTEADS

						OV65	
CODE	TAX ENTITY	HS/OP	HS/ST	OV65/ST	DP/ST	/OP	DP/OP
DBK	BROOKSHIRE KATY DRAINAGE DISTRICT					20000	20000
WBR	BROOKSHIRE MUNICIPLE WATER DISTRICT					\$3,000	
CBR	CITY OF BROOKSHIRE					\$3,000	\$3,000
CHD	CITY OF HEMPSTAD					\$30,000	
CKT	CITY OF KATY	20%*				\$70,000	\$70,000
CPT	CITY OF PATTISON						
CPI	CITY OF PINE ISLAND						
CPV	CITY OF PRAIRIE VIEW					\$5,000	\$5,000
CWR	CITY OF WALLER					\$20,000	\$20,000
M52	FT BEND WALLER MUD #2						
SHD	HEMPSTEAD ISD		\$15,000	\$10,000	\$10,000		
SKT	KATY ISD		\$15,000	\$10,000	\$10,000	\$10,000	
M51	KICKAPOO FRESH WATER SUPPLY DISTRICT						
SRL	ROYAL ISD	1%*	\$15,000	\$10,000	\$10,000		
RFM	WALLER COUNTY FM	20%*	\$3,000			\$22,000	\$22,000
GWA	WALLER COUNTY	20%*				\$25,000	\$25,000
R01	WALLER COUNTY ROAD IMPROVEMENT DISTRICT						
ESD	WALLER HARRIS ESD 2000					\$50,000	\$50,000
SWR	WALLER ISD		\$15,000	\$10,000	\$10,000		
M50	WILLOW CREEK FARMS MUD						

^{*\$5000} MINIMUM

If you have any questions you may contact Waller County Appraisal District. We are located at 900 13th Street in Hempstead. You can call us at (979)921-0060. Office hours are 8am – 5pm, Monday-Friday. Our website is: www.waller-cad.org. Information can also be found on the Comptroller's website: www.window.state.tx.us/taxinfo/proptax.