Galveston Central Appraisal District Customer Service Department 9850 Emmett F. Lowry Expressway, Ste. A Texas City, Texas 77591 (409) 935-1980 or toll-free (866) 277-4725	**APPLICATION** **for** **RESIDENTIAL HOMESTEAD EXEMPTION** Account # / Tax Year:

Step 1 Owner's Name and Address	Owner's Name (person completing application) and Current Mailing Address	Birth Date: Telephone: (Area Code & Number) Home/Cell Phn.#: Work: Percent Ownership in Property: Other Owner's Percent Ownership:
Attach to Completed Form	***FOR ALL EXEMPTION CATEGORIES - REQUIRED COPY OF THE FOLLOWING DOCUMENT:** Texas Driver's License or Texas ID. The address on the driver's license or state ID **must correspond** to the address of the property for which an exemption is claimed in this application. *Certain property owners can be exempt from this requirement.*	
Step 2 Describe your Property	Street Address if different from above, or legal description if no street address	
	MOBILE HOMES – Give make, model and identification number: Attach a copy of statement of ownership and location issued by the Texas Department of Housing and Community Affairs if home is 8' x 40' or larger. Or, attach a verified copy of the purchase contract that shows you are the owner of the mobile home.	
	OPTIONAL – Number of acres used for residential purposes (yard, garden, garage, etc.) acres	
Step 3 Check Exemptions That Apply To You	☐ GENERAL RESIDENTIAL EXEMPTION: You qualify for this exemption if **(1)** you owned this property on January 1; **(2)**you occupied it as your principal residence on January 1; and **(3)** you or your spouse have not claimed a residence homestead exemption on any other property. ***(*See above document requirements)***	
	☐ OVER-65 EXEMPTION: You qualify for this exemption if you are 65 years of age or older. You can't claim a disability exemption if you claim this exemption. ***(*See above document requirements.)***	
	☐ DISABILITY EXEMPTION: You qualify for this exemption if you are under a disability for the purposes of payment of disability benefits under the Federal Old Age, Survivor's and Disability Insurance Act, ***or*** you met the definition of disabled in that Act. You can't claim an over-65 exemption if you claim this exemption. ***(*Attach documentary proof of disability & also above document requirements.)***	
	☐ 100% DISABLED VETERANS EXEMPTION: You qualify for this exemption if you are a disabled veteran who receives from the United States Department of Veterans Affairs (VA) or its successor (1) 100 percent disability; and (2) a rating of 100 percent disabled or a determination of individual un-employability from the VA- ***(*Attach copy of your award letter or other document from the United States Department of Veterans Affairs & also above document requirements.)***	
	☐ SURVIVING SPOUSE OF DISABLED VETERAN WHO RECEIVED 100% DISABLED VETERANS EXEMPTION: You may qualify for this exemption if you were married to a disabled veteran who qualified for 100% disability at the time of his or her death and (1) you have not remarried since the death of the disabled veteran and (2) the property was your residence homestead when the disabled veteran died and remains as your residence homestead. ***(*see above)***	
	☐ OVER-55 SURVIVING SPOUSE WHO QUALIFIES FOR THE OVER-65 EXEMPTION: You may qualify for this exemption if **(1)** your deceased spouse died in a year in which they qualified for the exemption (11.13(d); and,(2) you were 55 years of age or older when your deceased spouse died; and (3) the property was your residence homestead when your deceased spouse died and remains your residence homestead . ***(*See above document requirements.)***	
	Deceased Spouse's Name:	Date of Death:
	☐ DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN: You may qualify for this exemption if you are a disabled veteran with a disability rating of less than 100% and your residence homestead was donated to you by a charitable organization at no cost to you. Please attach all documents to support your request Percent Disability Rating_____ ***(*See above document requirements.)***	
	☐ SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION: You may qualify for this exemption if you are the surviving spouse of a member of the United States armed services who is killed in action and you have not remarried since the death of the member of the armed services. Please attach all documents to support your request. ***(*See above document requirements.)***	
Step 4 *Tax Ceilings & Exemption Transfers*	TAX LIMITATION OR EXEMPTION TRANSFER: Place an "x" or check mark beside the type of tax limitation; or surviving spouse **exemption transfer you seek from your previous residence homestead:** ☐ Tax Limitation (Tax Code Section 11.26(h) or 11.261(h)) (Tax Ceiling transfer from your last home) ☐ 100 % Disabled Veteran's Exemption (Tax Code Section 11.131(d)) ☐ Donated Residence Homestead of Partially Disabled Veteran (Tax Code Section 11.132(d)) ☐ Member of Armed Forces Killed in Action (Tax Code Section 11.133(c)) _____ Previous Residence Address, City, State, Zip Code	

Step 5 *Check for Prior Year*	☐	Application for qualified homestead exemption for prior tax year of _____ Note: You must have met all of the qualifications checked in Step 3 to receive the prior year tax exemption.
Step 6 *if applicable*		COOPERATIVE HOUSING RESIDENTS Do you have an exclusive right to occupy this unit because you own stock in a cooperative housing corporation? Yes ☐ No ☐
Step 7 *Special Affidavits*		SPECIAL AFFIDAVITS: COMPLETE AND HAVE NOTARIZED CHECK BOX IF APPLICABLE:
		STATE OF TEXAS **COUNTY OF** _____ Before me, the undersigned authority, personally appeared_____, Who , being by me duly sworn, deposed as follows
		☐ **Affidavit for Owner/Applicant who is age 65 or older and ownership interest not of record.** My name is _____ and I am applying for residence homestead exemption for property owners age 65 or older; I am fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit; and all the facts in it are true and correct. I am an owner of the property identified in this application although I am not identified as an owner on a deed or other appropriate instrument recorded in the real property records of the county where my residence homestead is located.
		☐ **Affidavit for Owner/Applicant who has qualifying Disability and Ownership Interest not of record** My name is _____ and I am applying for residence homestead exemption for property owners with qualifying disabilities. I am over 18 and fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit; and all the facts in it are true and correct. I am an owner of the property identified in this application although I am not identified as an owner on a deed or other appropriate instrument recorded in the real property records of the county where my residence homestead is located.
		☐ **Affidavit for Owner/Applicant without Written Ownership Document for Manufactured Home** My name is _____ and I am applying for residence homestead exemption as an owner of a manufactured home. I am over 18 and fully competent to make this affidavit; I have personal knowledge of the facts in this affidavit; and all the facts in it are true and correct. I am an owner of the manufactured home identified in this application. The seller of the manufactured home did not provide me with a purchase contract and I could not locate the seller after making a good faith effort.
		_____ **Signature of Affiant** **SUBSCRIBED AND SWORN TO** before me this, the _____**day of** _____,_____ _____ Notary Public in and for the State of Texas My Commission expires_____
Step 8 *Sign and Date the Application*		By signing this application, you state that you are qualified for the exemptions checked above. You state that the facts in this application are true and correct. You also state that you do not claim an exemption on another residence homestead. You must notify the chief appraiser if and when your right to the exemption ends. You swear and affirm that you have read and understand the penalty for filing 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 Penal Code Section 37.10.**
	SIGN HERE:	DATE
	(Note: Only a person with a valid power of attorney or court ordered designation is authorized to sign on behalf of the applicant.)	

* You are required to give us this information on this form in order to perform tax related functions for this office. Section 11.43 of the Tax Code authorizes this office to request this information to determine tax compliance. The chief appraiser is required to keep the information confidential and not open to public inspection, except to appraisal office employees who appraise property as authorized by Section 11.48(b), Tax Code. Except as authorized by Tax Code Section 11.48(b),a driver's license number, personal identification certificate number, provided in this application for an exemption filed with your county appraisal district is confidential and not open to public inspection-Section 11.48(a). An email address of a member of the public could be confidential under Government Code Section 552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the Public Information Act.