

## Application for Disabled Veteran's or Survivor's Exemption

Property Tax
Form 50-135

Appraisal District's Name	Phone (area code and number)
Street Address, City, State, ZIP Code	
<b>GENERAL INSTRUCTIONS:</b> This application is for use in claiming a disabled vete of the armed services of the United States who is classified as disabled by the Vete vices in which the veteran served and whose disability is service connected pursua from taxation of a portion of the assessed value of one property the applicant owns	eran's Administration or its successor or the branch of the armed serant to Tax Code §11.22. A qualified individual is entitled to an exemption
WHERE TO FILE: File the completed application and all required documents with t	he appraisal district for the county in which the property is located.
APPLICATION DEADLINES: This application covers property you owned on Janua and April 30 of this year with the county appraisal district in the county in which the it no later than one year after the delinquency date for the taxes on the property. Be pleted form and any attachments to the address above.	e property is located. You may file a late exemption application if you file
WHEN NEW APPLICATION REQUIRED: If the chief appraiser grants the exemption appraiser requires you to do so.	on, you do not need to reapply annually, but you must reapply if the chief
DUTY TO NOTIFY: You must notify the chief appraiser in writing if and when your r	ight to this exemption ends or your disability rating changers.
OTHER IMPORTANT II	NFORMATION
Pursuant to Tax Code §11.45, after considering this application and all relevant information. You must provide the additional information within 30 days of the request or the extend the deadline for furnishing the additional information by written order for a s	e application is denied. For good cause shown, the chief appraiser may
STEP 1: State the Year for Which You are Seeking an Exemption	
State the year for which you are seeking an exemption	
STEP 2: Provide Name and Mailing Address of Property Owner	
Name of Property Owner	Driver's License, Personal I.D. Certificate, or Social Security Number*
Mailing Address	
City, State, ZIP Code	Phone (area code and number)
* The applicant's driver's license number, personal identification certificate number Section 11.48(a), a driver's license number, personal identification certificate num exemption filed with a chief appraiser is confidential and not open to public inspe employee of the appraisal office who appraises property, except as authorized by	ber, or social security account number provided in an application for an ction. The information may not be disclosed to anyone other than an
STEP 3: Describe the Property	
Street Address if Different from Above, or Legal Description if No Address	
Appraisal District Account Number (if known)	
Manufactured Home (give make, model and identification number)	



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- Check the exemptions that apply to you and answer the questions.
- You may qualify for more than one exemption.

Disa	abled Veteran's Exemption							
	Check here if this exemption a	applies to you						
	You may qualify for this exemption if you are a veteran of the armed services of the United States who is classified as disabled by t Administration or your service branch. Your disability must be serviced related and you must be a Texas resident.							ın's
	You qualify for this exemption if you are a veteran of the U.S. Armed Forces and your service branch or the Veteran's Administration has off sified you as disabled. Your disability must be service related. You must be a Texas resident. Please give the information requested below, a a letter or other document from the V.A. or service branch giving your most recent disability rating.							
	Branch of Service		Disability Rating		Age	Serial Number		
	Are you a Texas resident?	Yes No						
	Check the box if you:		one or more limbs (service south eyes (service related).					
Sur	viving Spouse or Child of a	a Deceased Disabled	Veteran					
	Check here if this exemption a	applies to you						
	You may qualify for this exemple branch or the Veteran's Administrelated. You must be a Texas reyears old and your disabled paralletter or other document from marriage license showing your	istration had officially classesident. If you are a survarent's spouse must not he the V.A. or service bran	ssified the veteran as disab riving spouse, you must not have survived your disabled nch giving the veteran's mos	led before his/he have remarried parent. Please	er death. The dis If you are a sur give the informa	ability must haviviving child, you tion requested	re been se u must be u below, and	rvice under 18 attach
	Veteran's Name							
	Branch of Service		Disability Rating		Age at Death	Serial Number		
	Check the box if the veteran:		f one or more limbs (service or both eyes (sevice relate	,				
	Are you a Texas resident?		• •	,			Yes	No
	Are you a surviving spouse? .						Yes	No
	If you are a surviving spouse,	have you remarried?					Yes	No
	Are you a surviving child?						Yes	No
	If you are a surviving child:	are you under 18?					Yes	No
		are you unmarried? .					Yes	No
		how many of your disal	bled parent's children are u	nder 18 and unr	narried?			

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Sur	viving Spouse or Child of a	an Armed Services Member Who Died on Activ	ve Duty			
	Check here if this exemption a	applies to you				
	You must be a Texas resident. a letter or other document from riage license showing your rela	otion if you are the surviving spouse or child of a person. If you are a surviving child, you must be under 18 yearn the V.A. or service branch showing that the person dulationship to the armed forces member. A surviving spot a deceased disabled veteran or armed forces member I	ars old. Please give the informa lied on active duty. Also attach ouse who claims this exemption	tion requested a copy of a bir	below, and th certificat	d attach te or mar-
	Veteran's Name					
	Branch of Service	Disability Rating	Age at Death	Serial Number		
	Are you a Texas resident?				Yes	No
	Are you a surviving spouse? .				Yes	No
	Are you a surviving child?				Yes	No
	If you are a surviving child:	are you under 18?			Yes	No
		are you unmarried?			Yes	No
		how many of the member's children are under 18 an	nd unmarried?			
ST	EP 4: Check if Late Applica	ation				
	u were eligible for this exemption e prior tax year to receive the ex	n last year, check this box and enter the prior tax year. xemption for last year.	You must have met all of the c	ualifications at	oove on Ja	nuary 1
	Application for exemption for p	orior tax year,				
ST	EP 5: Read, Sign, and Date					
	u make a false statement on t al Code.	this application, you could be found guilty of a Clas	ss A misdemeanor or a state	jail felony un	der Section	on 37.10,
By s	gning this application, you certif	fy that the information provided in this application is tru	ue and correct to the best of yo	our knowledge	and belief.	
ig ier						
	Authorized Signature		Date			