

APPLICATION FOR DISABLED VETERAN'S OR SURVIVOR'S EXEMPTION

Year

Appraisal district name, address and phone (area code & number)

Walker County Appraisal District P O Box 1798 1060 Hwy 190 East Huntsville, TX 77340	Phone: 936-295-0402 Fax: 936-295-3061
---	--

GENERAL INSTRUCTIONS: This application is for use in claiming a property tax exemption pursuant to Tax Code Section 11.22 for property owned by a disabled veteran with a service connected disability, the surviving spouse or child of a qualifying disabled veteran or the surviving spouse or child of an U.S. armed service member who died on active duty. A qualified individual is entitled to an exemption from taxation of a portion of the assessed value of one property the applicant owns and designates. This application applies to property owned on Jan. 1 of this year. **DUTY TO NOTIFY:** Once this exemption is allowed, an application does not have to be filed annually unless the ownership of the property changes or qualifications for the exemption change. The chief appraiser may require a new application to be filed to confirm current eligibility by sending written notice and an application form. If eligibility ends, the property owner must notify the appraisal office in writing before May 1 after the eligibility ends.

Step 1: Name and Address of Owner	Driver's License, Personal I.D. certificate, or Social Security Number*: Property ID: Phone(area code and number): Email Address **
--	--

Step 2: Authorized Representative	<p>If you are an individual property owner filing this application on your own behalf, skip to section 3; all other applicants are required to complete Step 2.</p> <p>Please indicate the basis for your authority to represent the property owner in filing this application: <input type="checkbox"/> Officer of the company <input type="checkbox"/> General Partner of the company <input type="checkbox"/> Attorney for property owner <input type="checkbox"/> Agent for tax matters appointed under Tax Code Section 1.111 with completed and signed Form 50-162 <input type="checkbox"/> Other and explain basis: _____</p> <p>Provide the following information for the individual with the legal authority to act for the property owner in this matter:</p> <p>Name of Authorized Representative: _____ Driver's License, Personal I.D. Certificate or Social Security Number* _____</p> <p>Title of Authorized Representative: _____ Primary Phone Number (area code and number): _____</p> <p>Mailing Address, City, State, ZIP Code: _____ Email Address** _____</p>
---	---

Step 3: Describe the property	Street address if different from above, or legal description if no address Mobile home: give make, model and identification number Did the applicant own the property that is the subject of this application on Jan. 1 of the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

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

Disabled veteran's exemption <input type="checkbox"/> Check here if this exemption applies to you	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 officially classified you as disabled. Your disability must be service related. You must be a Texas resident. Please give the information requested below and attach a letter or other document from the V.A. or service branch giving your most recent disability rating.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Branch of service</th> <th style="width: 15%;">Disability Rating</th> <th style="width: 15%;">Age</th> <th style="width: 20%;">Serial Number</th> </tr> </table>	Branch of service	Disability Rating	Age	Serial Number	Are you a Texas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Check the box if you: <input type="checkbox"/> had lost the use of one or more limbs (service related) <input type="checkbox"/> was blind in either or both eyes (service related)
Branch of service	Disability Rating	Age	Serial Number		

Surviving spouse or child of a deceased disabled veteran <input type="checkbox"/> Check here if this exemption applies to you	You qualify for this exemption if you are the surviving spouse or child of a deceased veteran of the U.S. Armed Forces and the veteran's service branch or the Veteran's Administration had officially classified the veteran as disabled before his/her death. The disability must have been service related. You must be a Texas resident. If you are a surviving spouse, you must not have remarried. If you are a surviving child, you must be under 18 years old and your disabled parent's spouse must not have survived your disabled parent. Please give the information requested below and attach a letter or other document from the V.A. or service branch giving the veteran's most recent disability rating. Also attach a copy of a birth certificate or marriage license showing your relationship to the veteran.					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Veteran's name</th> <th style="width: 20%;">Branch of service</th> <th style="width: 15%;">Disability Rating</th> <th style="width: 15%;">Age at death</th> <th style="width: 25%;">Serial Number</th> </tr> </table>	Veteran's name	Branch of service	Disability Rating	Age at death	Serial Number	Check the box if the veteran: <input type="checkbox"/> had lost the use of one or more limbs (service related) <input type="checkbox"/> was blind in either or both eyes (service related) Are you a Texas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a surviving spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are a surviving spouse, have you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a surviving child? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are a surviving child: are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Was your disabled parent married at the time he/she died? <input type="checkbox"/> Yes <input type="checkbox"/> No How many of your disabled parent's children are under 18 and unmarried
Veteran's name	Branch of service	Disability Rating	Age at death	Serial Number		

Continued on Page 2

<p>Surviving spouse or child of an armed forces member killed on active duty</p>	<p>You qualify for this exemption if you are the surviving spouse or child of a person who died while on active duty with the U.S. Armed Forces. You must be a Texas resident. If you are a surviving child, you must be under 18 years old. Please give the information requested below, and attach a letter or other document from the V.A. or service branch showing that the person died on active duty. Also attach a copy of a birth certificate or marriage license showing your relationship to the armed forces member. A surviving spouse who claims this exemption may not also receive an exemption as the surviving child of a deceased disabled veteran or armed forces member killed on active duty.</p>				
<p><input type="checkbox"/> Check here if this exemption applies to you</p>	<p>Member's name</p>	<p>Branch of service</p>	<p>Disability Rating</p>	<p>Age at death</p>	<p>Serial Number</p>
<p>Are you a Texas Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a surviving spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a surviving child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are a surviving child, are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">are you unmarried? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the deceased armed forces member married at the time he/she died? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>how many of the member's children are under 18 and unmarried? _____</p>					
<p>Step 4: Check if late Application</p>	<p>If you were eligible for this exemption last year, check this box and enter the prior tax year. You must have met all of the qualifications above on January 1 of the prior tax year to receive the exemption for last year.</p> <p><input type="checkbox"/> Application for Exemption for prior tax year, _____.</p>				
<p>Step 5: Sign the Application</p>	<p>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 Penal Code Section 37.10. I, _____, swear or affirm the following: 1. that each fact contained in this application is true and correct; 2. that the property the owner identified in this application meets the qualifications under Texas law for the exemption claimed; and 3. that I have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.</p>				
<p>sign here Authorized signature</p>				<p>Date</p>	
<p>If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.</p>					

* Disclosure of your social security number (SSN) may be required and is authorized by law for the purpose of tax administration and identification of any individual affected by applicable law. Authority: 42 U.S.C. § 405(c)(2)(C)(i); Tax Code Section 11.43(f). Except as authorized by Tax Code Section 11.48(b), a driver's license number, personal identification certificate number or social security number provided in this application for an exemption filed with your county appraisal district is confidential and not open to public inspection under Tax Code 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.

FILING INSTRUCTIONS: You must furnish all information and documentation required by this application so that the chief appraiser is able to determine whether the statutory qualifications for the exemption have been met. This document and all supporting documentation must be filed with the appraisal district office in each county in which the property is located. Do not file this document with the Texas Comptroller of Public Accounts. A directory with contact information for appraisal district offices may be found on the Comptroller's website.

APPLICATION DEADLINES: The completed application and supporting documents must be submitted to the appraisal district between Jan. 1 and April 30 of the tax year for which you request the exemption. For good cause shown, the chief appraiser may extend the deadline for filing the application by written order for a single period not to exceed 60 days. The chief appraiser may disapprove the application and request additional information. If the chief appraiser requests additional information, the information must be furnished within 30 days after the date of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the information by written order for a single period not to exceed 15 days. If the chief appraiser denies the application, you may protest that determination to the county appraisal review board under Tax Code Chapter 41. You may file a late application. For the 2016 tax year and any tax year after that, a late application must be filed no later than five years after the delinquency date for the taxes on the designated property