



**Hays Central Appraisal District**  
**Lex Word Building**  
**21001 IH 35 North**  
**Kyle, Texas 78640**  
**(512) 268-2522 Fax: (512) 268-1945**  
**Email: info@hayscad.com**

**Application for  
 Residential Homestead  
 Exemption**  
 Tax Year \_\_\_\_\_

Form 50-114

**APPLICATION DEADLINES:** You are to file the completed application with all required documentation beginning Jan. 1 and no later than April 30 of the year for which you are requesting an exemption. If you qualify for the age 65 or older or disabled persons exemptions or the exemption for donated homestead of partially disabled veterans, you are to apply for the exemption no later than the first anniversary of the date you qualify for the exemption.

Pursuant to Tax Code Section 11.431, you may file a late application for a residence homestead exemption, including an exemption under Tax Code Section 11.131, 11.132 and 11.133, after the deadline for filing has passed if it is filed not later than one year after the delinquency date for the taxes on the homestead.

**DUTY TO NOTIFY:** If the chief appraiser grants the exemption(s), you do not need to reapply. You must reapply if the chief appraiser requires you to do so, or if you want the exemption to apply to the property not listed in the application. You must notify the chief appraiser in writing before May 1 of the year after your right to this exemption ends.

**OTHER IMPORTANT INFORMATION**

Pursuant to Tax Code Section 11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for the furnishing the additional information by written order for a single period not to exceed 15 days.

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**Step 1:  
 Property  
 Owner's  
 Information**

\_\_\_\_ Single    \_\_\_\_ Married    \_\_\_\_ Other-(e.g., Individual who own the property with others)    Move In Date \_\_\_\_\_

Name of Property Owner 1 \_\_\_\_\_ Birth Date(mm/dd/yyyy) \_\_\_\_\_ Driver's License/ TX ID/ or SS# \_\_\_\_\_

Primary Phone Number(area code and #) \_\_\_\_\_ Email Address \_\_\_\_\_ % Ownership Interest \_\_\_\_\_

Name of Property Owner 2 \_\_\_\_\_ Birth Date(mm/dd/yyyy) \_\_\_\_\_ Driver's License/ TX ID/ or SS# \_\_\_\_\_

Primary Phone Number(area code and #) \_\_\_\_\_ Email Address \_\_\_\_\_ % Ownership Interest \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Quick Ref ID# \_\_\_\_\_ Property ID# \_\_\_\_\_ Legal Description \_\_\_\_\_

Do you own the property for which you are seeking homestead exemption?    \_\_\_\_ Yes    \_\_\_\_ No

\_\_\_\_ Place an X or check mark on the line if the ownership interest(s) identified above is less than 100 percent (100%) in the property for which you are claiming a residence homestead exemption. Provide on a separate sheet the following information for each additional person who has an ownership interest in the property: property owner's name; birth date; driver's license; personal ID certificate, or social security number; primary phone number; email address; and percentage (%) of ownership interest in the property.

Is any portion of the property for which you are claiming a residence homestead exemption income producing?    \_\_\_\_ Yes    \_\_\_\_ No

If you answered "Yes", please indicate the percentage of the property that is income producing: \_\_\_\_\_ %

If the ownership of the property is in stock in a cooperative housing corporation, do you have an exclusive right to occupy the unit at the physical address identified above? ..... Yes \_\_\_\_ No \_\_\_\_

\*\*\*\*\*

**Step 2: Check  
 exemptions that  
 apply to you**

\_\_\_\_ **GENERAL RESIDENTIAL EXEMPTION (Tax Code 11.13):** You may 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 and your spouse do not claimed a residence homestead exemption on any other property.    **Number of acres used for residential purposes \_\_\_\_\_ (not to exceed 20)**

**If your principal residence is a manufactured home, provide the make, model and identification number:**

Make \_\_\_\_\_ Model \_\_\_\_\_ ID Number \_\_\_\_\_

\_\_\_\_ **OVER-65 EXEMPTION (Tax Code 11.13 (c) (d)):** You may qualify for this exemption if you are 65 years of age or older. This exemption also includes a school tax limitation, or ceiling. This exemption is effective Jan. 1 of the tax year you become age 65. You can't claim a disability exemption if you claim this exemption.

**Please check if you will transfer a tax ceiling from your last home**    \_\_\_\_ Yes    \_\_\_\_ No    **County** \_\_\_\_\_

<p>*****  <b><u>YOU MUST</u></b>  <b>provide a copy of your TX Driver's License or TX I.D. card reflecting current residence for all exemptions.</b></p> <p>*****  <i>(Tax Code 11.43 (f) prohibits a chief appraiser from allowing a homestead exemption unless the addresses on the required forms of identification match the address for which the exemption is claimed.)</i></p>	<p><input type="checkbox"/> <b>SURVIVING SPOUSE OF INDIVIDUAL WHO QUALIFIED FOR AGE 65 OR OLDER EXEMPTION</b> (Tax Code Section 11.13(q)):  You may qualify for this exemption if: (1) your deceased spouse died in a year in which he or she qualified for the exemption under Tax Code Section 11.13(d); (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. You cannot receive this exemption if you receive an exemption under Tax Code Section 11.13(d). <b>Please attach all documents to support your request.</b></p> <p>Your Spouse's Name: _____ Date of Death: _____</p>			
<p><input type="checkbox"/> <b>DISABLED PERSON EXEMPTION (Tax Code 11.13 (c) (d)):</b> You may 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 meet the definition of disabled in that Act. <b>Exemption applies immediately upon qualification.</b>  <b>Attach Current letter from Social Security Administration reflecting onset date</b></p>				
<p><input type="checkbox"/> <b>100% DISABLED VETERANS EXEMPTION (Tax Code 11.131):</b> You may 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 compensation due to a service-connected disability; and (2) a rating of 100 percent disabled or a determination of individual unemployability from the VA.  <b>Attach a copy of your current award letter or other document from the United States Department of Veterans Affairs.</b></p> <p><input type="checkbox"/> 100% Disabled Veteran's Exemption Transfer County _____</p>				
<p><input type="checkbox"/> <b>SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED OR WOULD HAVE QUALIFIED FOR THE 100% DISABLED VETERAN'S EXEMPTION</b> (Tax Code Section 11.131(c), (d)): You may qualify for this exemption if you were married to a disabled veteran who qualified for an exemption under Tax Code Section 11.131(b) at the time of his or her death or would have qualified for the exemption if the exemption had been in effect on the date the disabled veteran died 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 your residence homestead.  <b>Please attach all documents to support your request.</b></p> <p>_____ Date of Death _____  Name of Deceased Spouse _____ Date of Death _____</p>				
<p><input type="checkbox"/> <b>DONATED RESIDENCE HOMESTEAD OF PARTIALLY DISABLED VETERAN</b> (Tax Code 11.132(b)): You may qualify for this exemption if you are a disabled veteran with a disability rating of less than 100 percent and your residence homestead was donated to you by a charitable organization at no cost to you. <b>Please attach all documents to support your request.</b></p> <p><input type="checkbox"/> Donated Residence Homestead of Partially Disabled Veteran _____  Percent Disability Rating _____</p>				
<p><input type="checkbox"/> <b>SURVIVING SPOUSE OF DISABLED VETERAN WHO QUALIFIED FOR THE DONATED RESIDENCE HOMESTEAD EXEMPTION</b> (Tax Code Section 11.132(c), (d)): You may qualify for this exemption if you were married to a disabled veteran who qualified for an exemption under Tax Code Section 11.132(b) 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 your residence homestead.  <b>Please attach all documents to support your request.</b></p> <p>_____ Date of Death _____  Name of Deceased Spouse _____ Date of Death _____</p>				
<p><input type="checkbox"/> <b>SURVIVING SPOUSE OF MEMBER OF ARMED FORCES KILLED IN ACTION (Tax Code 11.133):</b> 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 their death of the member of the armed services. <b>Please attach all documents to support your request.</b></p> <p>_____  Previous Residence Address, City, State, ZIP Code _____</p>				
<p><b>Step 3:</b>  <b>Remove exemption</b></p>	<p>Delete Exemptions at: _____ for _____ tax year</p> <p>Previous address: _____ County _____</p>			
<p><b>Step 4:</b>  <b>Sign and Date the Application</b></p>	<p><b>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 I meet the qualifications under Texas law for the residence homestead exemption for which I am applying; (3) that I do not claim an exemption on another residence homestead in Texas or claim a residence homestead exemption on a residence outside of Texas; and (4) that I have read and understand the Notice Regarding Penalties for Making or Filing an Application Containing a False Statement.</b></p> <p><i>Rvsd 03/02/2016</i></p> <table border="1"> <tr> <td data-bbox="267 1843 896 1936"> Applicant Signature: _____   Print Name: _____ </td> <td data-bbox="896 1843 1383 1936"> Other Applicant Signature: _____   Print Name: _____ </td> <td data-bbox="1383 1843 1559 1936"> Today's Date: _____ </td> </tr> </table>	Applicant Signature: _____  Print Name: _____	Other Applicant Signature: _____  Print Name: _____	Today's Date: _____
Applicant Signature: _____  Print Name: _____	Other Applicant Signature: _____  Print Name: _____	Today's Date: _____		