



Application for Residence Homestead Exemption for Disabled Veteran with 100 Percent Disability 2009

Texas Property Tax
Form 50-764

TEMPORARY

Appraisal District Name

Phone (Area Code and Number)

Address

This temporary form applies to your residence homestead exemption as of January 1, 2009. Be sure to attach documentation. If the chief appraiser grants the exemption, you do not need to reapply annually, but you must reapply if the chief appraiser requires you to do so. You must notify the chief appraiser in writing if and when your right to this exemption ends or your disability rating changes. Return the completed form to your appraisal district.

STEP 1: NAME AND ADDRESS OF OWNER

| | |
|--|------------------------------|
| Name of Owner | Phone (Area Code and Number) |
| Present Mailing Address (Number and Street) | |
| City, Town or Post Office, State, ZIP Code | |
| Driver's License, Personal I.D. Certificate or Social Security Number* | |

STEP 2: DESCRIBE YOUR PROPERTY

Street Address (if different from above, or legal description if no street address; include property account number, if available)

Number of Acres (not to exceed 20) used for residential occupancy of the structure, if the land and structure have identical ownership

_____ acres

| | | | |
|--------------|------|-------|-----------------------|
| Mobile Home: | Make | Model | 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 unless your title information appears on the Texas Department of Housing and Community Affairs' Web site. If so, the appraisal district may use the Web site documents to verify your eligibility.

STEP 3: DISABLED VETERAN INFORMATION

You qualify for this exemption if you are a disabled veteran who receives from the United States Department of Veterans Affairs or its successor 100 percent disability compensation due to a service-connected disability and a rating of 100 percent disability or of individual unemployment.

| | | | |
|-------------------|-------------------|-----|---------------|
| Branch of Service | Disability Rating | Age | Serial Number |
|-------------------|-------------------|-----|---------------|

Attach a copy of your award letter, "VA tax letter" or other document from the United States Department of Veterans Affairs showing 100 percent disability compensation due to a service-connected disability and a rating of 100 percent disabled or of individual unemployment.

STEP 4: SIGN THE APPLICATION

I certify the information on this document and any attachment is true and correct to the best of my knowledge.

Authorized Signature

Date

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 Texas Penal Code Section 37.10

*You are required to give us this information on this form, in order to perform tax related functions for this office. Tax Code, Section 11.43 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 and as authorized by Tax Code, Section 11.48(b).