

# WALLER COUNTY APPRAISAL DISTRICT

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## APPLICATION FOR DISABLED VETERAN'S OR SURVIVOR'S EXEMPTION

**GENERAL INSTRUCTIONS:** This application is for use in claiming a property tax exemption 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 armed service member who died on active duty pursuant to Tax Code Section 11.22. 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 January 1 of this year.

### Disabled Veteran's Exemption

You qualify for this exemption if you are a veteran of the United States armed forces and:

- The Veteran's Administration (V.A.) or service branch has officially classified you as disabled;
- You have a service connected disability; and
- You are a Texas resident.

### Surviving Spouse or Child of Deceased Disabled Veteran

You may qualify for this exemption if you are the surviving spouse or child of a qualifying disabled veteran, and:

- As the surviving spouse, you have not remarried;
- As the surviving child, you are under 18 years of age, unmarried, and your disabled parent's spouse did not survive your disabled parent; and
- You are a Texas resident.

### Surviving Spouse or Child of Armed Service Member who died on Active Duty

You may qualify for this exemption if you are the surviving spouse or child of a person who died while on active duty with the United States armed services and:

- As the surviving spouse, you do not claim an exemption as the surviving spouse of a deceased disabled veteran;
- As the surviving child, you are under 18 years of age and unmarried; and
- You are a Texas Resident.

**WHERE TO FILE:** This document, and all supporting documentation, must be filed with the appraisal district office in the county in which your property is located.

**APPLICATION DEADLINES:** You must file the completed application with all required documentation beginning January 1 and no later than April 30 of the year for which you are requesting an exemption. You may file a late application if you file it no later than one year after the delinquency date for the taxes on the property.

**DUTY TO NOTIFY:** If the chief appraiser grants the exemption, you do not need to reapply annually. You must reapply if the chief appraiser requires you to do so, or if you want the exemption to apply to property not listed on this application. You must notify the chief appraiser in writing if and when your right to this exemption ends or the disability rating of the disabled veteran changes. .

### OTHER IMPORTANT INFORMATION

Pursuant to Tax Code §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 furnishing the additional information by written order for a single period not to exceed 15 days.

**State the year for which you are applying.**

\_\_\_\_\_  
Tax Year

Property ID:

### Ownership Information

\_\_\_\_\_  
Name of Property Owner

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Phone (Area Code and Number)

Are you a Texas Resident?.....

Yes

No

\_\_\_\_\_  
Driver's License, Personal ID Certificate or Social Security Number\*

\*Pursuant to Tax Code Section 11.48(a), a driver's license, personal ID certificate, or social security number provided in an application for an exemption filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee of the appraisal office who appraises property, except as authorized by Tax Code Section 11.48(b).

**Property Information**

Prop ID:

GEO ID:

SITUS ADDRESS:

LEGAL DESCRIPTION:

**Identify exemptions that apply to you and state whether you are transferring a tax ceiling.**

Check the exemption for which you are applying:

- Disabled Veteran's Exemption
- Surviving Spouse or Child of a Deceased Disabled Veteran
- Surviving Spouse or Child of Armed Service Member who died of Active Duty

Please provide the following information and attach documentation from the V.A. or service branch identifying the most recent disability rating.

\_\_\_\_\_  
 Veteran's Name \_\_\_\_\_  
 Branch of Service

\_\_\_\_\_  
 Disability Rating \_\_\_\_\_  
 Age \_\_\_\_\_  
 Serial Number

Does the service connected disability include:.....  Loss of one or more limbs  Blindness in one or both eyes

Are you the surviving spouse?.....  Yes  No

If yes, have you remarried?.....  Yes  No

Are you a surviving child?.....  Yes  No

If yes, are you: Under 18 years of age?.....  Yes  No

Unmarried?.....  Yes  No

Number of qualifying parent's children who are under 18 and unmarried:..... \_\_\_\_\_

**Late Application**

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.

Application for exemption for prior tax year, \_\_\_\_\_.

**Certification and Signature**

By signing this application, you certify that the information provided in this application is true and correct to the best of your knowledge and belief.

\_\_\_\_\_  
 Authorized Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Date

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or state jail felony under Penal Code Section 37.10