

Disability Homestead Exemption: Information and Requirements

In Texas, a disabled adult has a right to a special homestead exemption. If you qualify, this exemption can reduce your taxes substantially. By law, school districts must provide a \$10,000 disability exemption. Other taxing entities have the option to offer disability exemptions of at least \$3,000. If you qualify, you will receive this exemption in addition to the general homestead exemption. However, you cannot receive both a disability exemption and an over-65 exemption.

Who is a disabled person for the purposes of this exemption?

The Texas Property Tax Code provides that you are entitled to the exemption if you meet the Social Security Administration's test for disability. In simplest terms:

- 1) You must have a medically determinable physical or mental impairment;
- 2) The impairment must prevent you from engaging in **any** substantial gainful activity; and
- 3) The impairment must be expected to last for at least 12 continuous months or to result in death.

Alternatively, you will qualify if you are 55 or older and blind and cannot engage in your previous work because of your blindness.

Do I have to be receiving disability benefits to qualify?

You do not have to be receiving disability benefits, but you must meet the definition of disabled given above. If you receive the disability benefits under the Federal Old Age, Survivors, and Disability Insurance Program through the Social Security Administration you will automatically qualify. Disability benefits from any other program do not automatically qualify you for this exemption.

How do I claim the exemption?

To claim the exemption, you must file an application with the appraisal district. The application must include documentation of your disability. The application form is entitled "Application for Residential Homestead Exemption. You can contact the appraisal district for the application.

What kind of documents should I include?

The best form of documentation, if you are receiving Social Security Disability, is a copy of your disability determination letter issued by the Social Security Administration. If you are not receiving Social Security Disability, then have your physician complete and return WCAD's Verification of Disability Form or attach information from a recognized retirement system verifying your permanent disability. **It is very important that if you are submitting the Verification of Disability form, your physician must mail it to the appraisal district. This form will not be accepted if simply attached to your application.**

Where do I file my application?

Once you have completed the application and secured appropriate documentation, you need to file your application with the chief appraiser. You may mail or file your request directly with the Waller County Appraisal District at the address given on this form.

Action on your application usually will occur within four to six weeks from the date it is received. In the event the appraisal district disagrees with your request, you will be notified and offered an opportunity to protest this decision.

WALLER COUNTY APPRAISAL DISTRICT
900 13TH STREET PO BOX 887
HEMPSTEAD, TEXAS 77445-0887
(979)921-0060 (979)921-0377(FAX)

**PHYSICIAN'S STATEMENT VERIFYING ELIGIBILITY
FOR DISABILITY HOMESTEAD EXEMPTION**

Account #

Tax Year:

Instructions: Complete Part A of the form and have your physician complete Part B. YOUR PHYSICIAN MUST MAIL THIS COMPLETED FORM to the Waller County Appraisal District at the address listed above.

PART A (to be completed by the Property Owner)

Name of Property Owner Claiming Exemption:

Property Address or Legal Description:

Year(s) to which this form applies:

PART B (to be completed by Physician)

Verification of Disability

My name is _____ and I am a physician currently licensed to practice in Texas.

I am personally knowledgeable of the type and extent of physical or mental impairment that currently affects _____

_____ and have treated or examined this person's condition. This impairment is one that results from the anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques. My diagnosis of the impairment can be described as follows:

Check One:

- This impairment prevents the person named above from engaging in substantial gainful activity and has lasted or is expected to last at least 12 months or result in death.
- This person is 55 years of age or older, is legally blind, and is unable to engage in his/her previous occupation because of the blindness.

This impairment occurred on or before: _____

Physician's Signature:

Printed Name:

Date:

Office Address:

Telephone Number (Area Code and number):