

# PHYSICIAN'S STATEMENT VERIFYING ELIGIBILITY FOR DISABILITY HOMESTEAD EXEMPTION

WALLER COUNTY APPRAISAL DISTRICT  
900 13<sup>TH</sup> STREET  
PO BOX 887  
HEMPSTEAD, TEXAS 77445  
(979)921-0060  
(979)921-0377 (fax)

WCAD ACCT#:

**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 shown above.

## PART A: PROPERTY OWNER'S INFORMATION

Name & Address:

Phone (area code and number):

Year(S) to which this form applies:

Legal Description :

Property Address:

## PART B: (TO BE COMPLETED BY PHYSICIAN)

**Disability** for the purpose of the exemption **means** that:

- (a) A person is **unable to engage in any substantial gainful activity** by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
- (b) A blind person over the age of 55 and due to blindness is unable to engage in substantial gainful activity in which he has previously engaged with some regularity and over a substantial period of time.

1. How long have you treated the applicant for the disabling condition? \_\_\_\_\_
2. When was the last date of examination? \_\_\_\_\_
3. When did the applicant last work? \_\_\_\_\_
4. When do you expect the applicant to be able to return to work? \_\_\_\_\_
5. Please state in layman's term the condition for which the applicant is being or has been treated.

Based on the definition above, \_\_\_\_\_ became 100% disabled and unable to be gainfully employed as of \_\_\_\_\_.

The property owner identified at the top of this form has been examined by me, and based on the definition, he or she was disabled on: \_\_\_\_\_.

Physician's Signature	Printed Name	Physician's License Number:
Office Address:	Date:	Telephone Number (area code and number)

# DISABILITY HOMESTEAD EXEMPTION: INFORMATION AND REQUIREMENTS

## 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 tests 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 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 the documentation of your disability. The application form is entitled "**Application for Residential Homestead Exemption.**" This form can be obtained from our website ([www.waller-cad.org](http://www.waller-cad.org)) or from the Waller County Appraisal District. You should complete all applicable sections of the form. Be especially certain to mark the box that recognizes your claim for the disability exemption. The most common reason for denial of this exemption is failure to provide adequate documentation.

## 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 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 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.

For any questions or additional assistance, you are encouraged to call the Waller County Appraisal District at (979)921-0060 between the hours of 8:00am and 5:00pm, Monday through Friday.