

Harris County Appraisal District  
Exemption Center  
P. O. Box 922012  
Houston, Texas 77292-2012  
(713) 957-7800

# Application for Disabled Veteran's or Survivor's Exemption

Form 11.22 01/05

Account Number:

Tax Year:

This application covers property you owned on January 1 of this year. You must file the completed form between January 1 and May 1 of this year. Be sure to attach any additional documents requested. 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, or if you want the exemption to apply to property not listed in this application. 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 the address above.

## Step 1: Name and Address of Owner

Name of Owner:

Driver's license, Personal ID Certificate, or Social Security number:

Present Mailing Address *(number and street)*:

City, Town or Post Office, State, Zip Code:

Phone *(area code and number)*

## Step 2: Describe the property

Street Address if Different from above, or Legal Description if no Address:

Mobile Homes Give Make, Model and Identification Number

- Check the exemptions that apply to you and answer the questions.
- You may qualify for more than one exemption.

## Disabled Veteran's Exemption

Check here if this exemption applies to you.

You qualify for this exemption if you are a veteran of the U.S. Armed Forces and your service branch or the Veteran's Administration has officially classified you as disabled. Your disability must be service related. You must be a Texas resident. Please give the information requested below, and attach a letter or other document from the V.A. or service branch giving your most recent disability rating.

Branch of Service:

Disability Rating:

Age:

Serial Number:

Are you a Texas resident? .....

Yes

No

Check the box if you:

Have lost the use of one or more limbs (service related).

Are blind in either or both eyes (service related).

## Surviving Spouse or Child of a Deceased Disabled Veteran

Check here if this exemption applies to you.

You qualify for this exemption if you are the surviving spouse or child of a deceased veteran of U.S. Armed Forces and the veteran's service branch or the Veteran's Administration had officially classified the veteran as disabled before his/her death. The disability must have been service related. You must be a Texas resident. If you are a surviving spouse, you must not have remarried. If you are a surviving child, you must be under 18 years old and your disabled parent's spouse must not have survived your disabled parent. Please give the information requested below, and attach a letter or other document from the V.A. or service branch giving the veteran's most recent disability rating. Also attach a copy of a birth certificate or marriage license showing your relationship to the veteran.

Veteran's Name:	Branch of Service:	Disability Rating:	Age at Death:	Serial Number:
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**Check here if the veteran:**

- Had lost the use of one or more limbs (service related).  
 Was blind in either or both eyes (service related).

Are you a Texas Resident? ..... Yes  No

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

If you are a surviving spouse, have you remarried? ..... Yes  No

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

If you are a surviving child: Are you under 18? ..... Yes  No

Are you unmarried? ..... Yes  No

Was your disabled parent married at the time he/she died? ..... Yes  No

How many of your disabled parent's children are under 18 and unmarried? .....

**Surviving Spouse or Child of an Armed Forces Member Killed on Active Duty**

**Check here if this exemption applies to you.**

You qualify for this exemption if you are the surviving spouse or child of a person who died while on active duty with the U.S. Armed Forces. You must be a Texas resident. If you are a surviving child, you must be under 18 years old. Please give the information requested below, and attach a letter or other document from the V.A. or service branch showing that the person died on active duty. Also attach a copy of a birth certificate or marriage license showing your relationship to the armed forces member. A surviving spouse who claims this exemption may not also receive an exemption as the surviving child of a deceased disabled veteran or armed forces member killed on active duty.

Member's Name:	Branch of Service:	Disability Rating:	Age at Death:	Serial Number:
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Are you a Texas Resident? ..... Yes  No

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

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

If you are a surviving child, are you under 18? ..... Yes  No

are you unmarried? ..... Yes  No

how many of the member's children are under 18? .....

**Step 3: Sign the Application**

**I certify that the information in this document and any attachments is true and correct to the best of my knowledge and belief.**

Authorized Signature Sign Here	Date:
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**Under Texas Penal Code, Section 37.10, If you make a false statement on this application, you could receive a jail term of up to 1 year and a fine of up to \$2,000, or a prison term of 2 to 10 years and a fine up to \$5,000.**