

YEAR

APPLICATION FOR TRANSITIONAL HOUSING PROPERTY TAX EXEMPTION

Appraisal district name Bexar Appraisal District	Phone (area code and number) (210) 224-8511
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Address
PO BOX 830248: San Antonio, TX 78282-0240 or 411 N. Frio, San Antonio, TX 78207

This application covers property you owned on January 1 of this year. You must file the completed application between January 1 and no later than April 30 of this year. Be sure to attach any additional documents requested. You must apply for this exemption every year; it will not be automatically renewed.

Step 1: Applicant's name and address	Applicant's name		
	Present mailing address (number and street)		
	City, town or post office, state, ZIP code		Phone (area code and number)
	Name of person preparing this application	Driver's License, Personal I.D. Certificate, or Social Security Number*	Title
	Owner is a(n): (please check) <input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Governmental Entity		

Step 2: Describe real property	Legal description:
	Appraisal district account number (Optional):

Step 3: List taxing units that have granted an exemption on the property	Taxing unit	Taxing unit
	Has every taxing unit listed above exempted the property by ordinance or order? (Attach a copy of ordinance or order.) Yes <input type="checkbox"/> No <input type="checkbox"/>	

Step 4: Answer these questions about the organization	Does the organization provide housing to the poor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does the organization provide housing for a fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is the program under which housing is provided operated by United States Department of Housing and Urban Development?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does the organization provide housing for more than a temporary period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are the resident individuals or a member of a family participating in a program to provide self-sufficiency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is the property leased from the United States or an agency of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(Attach a copy of the lease.) If the answer is yes, is the lessee a non-profit organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Step 5: Sign the application	Signature sign here	Date
	On behalf of (name of organization)	Title
	If you make a false statement on this application, 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. Section 11.43 of the Tax Code authorizes this office to request this information to determine tax compliance.