



Application for Disabled Veteran's or Survivor's Exemption

Property Tax
Form 50-135

BEXAR APPRAISAL DISTRICT

(210) 224-2432

Appraisal District's Name

Phone (area code and number)

411 N. Frio; P.O. Box 830248 San Antonio, TX 78283-0248

Street Address, City, State, ZIP Code

GENERAL INSTRUCTIONS: This application is for use in claiming a disabled veteran's or survivor's exemption. A disabled veteran is defined as a veteran of the armed services of the United States who is classified as disabled by the Veteran's Administration or its successor or the branch of the armed services in which the veteran served and whose disability is service connected pursuant to Tax Code §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 on this form.

WHERE TO FILE: File the completed application and all required documents with the appraisal district for the county in which the property is located.

APPLICATION DEADLINES: This application covers property you owned on January 1 of this year. You must file the completed form between January 1 and April 30 of this year with the county appraisal district in the county in which the property is located. You may file a late exemption application if you file it no later than one year after the delinquency date for the taxes on the property. Be sure to attach any additional documents requested. Return the completed form and any attachments to the address above.

WHEN NEW APPLICATION REQUIRED: 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.

DUTY TO NOTIFY: You must notify the chief appraiser in writing if and when your right to this exemption ends or your disability rating 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.

STEP 1: State the Year for Which You are Seeking an Exemption

State the year for which you are seeking an exemption

STEP 2: Provide Name and Mailing Address of Property Owner

Name of Property Owner

Driver's License, Personal I.D. Certificate, or Social Security Number*

Mailing Address

City, State, ZIP Code

Phone (area code and number)

* The applicant's driver's license number, personal identification certificate number, or social security account number is required. Pursuant to Tax Code Section 11.48(a), a driver's license number, personal identification certificate number, or social security account 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).

STEP 3: Describe the Property

Street Address if Different from Above, or Legal Description if No Address

Appraisal District Account Number (if known)

Manufactured Home (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 may qualify for this exemption if you are a veteran of the armed services of the United States who is classified as disabled by the Veteran's Administration or your service branch. Your disability must be service related and you must be a Texas resident.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check the box if you: <input type="checkbox"/> have lost the use of one or more limbs (<i>service related</i>).			
<input type="checkbox"/> are blind in either or both eyes (<i>service related</i>).			

Surviving Spouse or Child of a Deceased Disabled Veteran

Check here if this exemption applies to you

You may qualify for this exemption if you are the surviving spouse or child of a deceased veteran of the U.S. armed services 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
Check the box if the veteran: <input type="checkbox"/> had lost the use of one or more limbs (<i>service related</i>).			
<input type="checkbox"/> was blind in either or both eyes (<i>service related</i>).			
Are you a Texas resident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a surviving spouse?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a surviving spouse, have you remarried?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a surviving child?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a surviving child: are you under 18?			<input type="checkbox"/> Yes <input type="checkbox"/> No
are you unmarried?			<input type="checkbox"/> Yes <input type="checkbox"/> No
how many of your disabled parent's children are under 18 and unmarried?			_____

Surviving Spouse or Child of an Armed Services Member Who Died on Active Duty

Check here if this exemption applies to you

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 U.S. armed services. 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.

Veteran's Name

Branch of Service

Disability Rating

Age at Death

Serial Number

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 and unmarried? _____

STEP 4: Check if 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, _____ .

STEP 5: Read, Sign, and Date

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 Section 37.10, Penal Code.

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.

sign here ➔

Authorized Signature

Date