

YEAR

**APPLICATION FOR DISABLED VETERAN'S OR SURVIVOR'S EXEMPTIONS**

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| Appraisal district name<br><b>Bexar Appraisal District</b> | Phone (area code)<br><b>(210) 224-8511</b> |
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Address  
**PO BOX 830248: San Antonio, TX 78283-0240 or 411 N. Frio, San Antonio, TX 78207**

The 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. You may file a late exemption application if you file it no later than one year after the date you paid your taxes on this property or the taxes became delinquent, whichever comes first. 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.

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| <b>Step 1:<br/>Name and address of owner</b> | Name of owner                               | Driver's License, Personal I.D. Certificate, or Social Security Number*: |
|  | Present mailing address (number and street) |  |
|  | City, town or post office, state, ZIP code  | Phone (area code and number)   |

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| <b>Step 2:<br/>Describe the property</b> | Street address if different from above, or legal description if no address |
|  | Appraisal district account number (Optional):                              |
|  | Mobile 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.

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|---|--|-------------------|-----|---------------|
| <b>Disabled veteran's exemption</b><br><br><input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Check the box if you: <input type="checkbox"/> have lost the use of one or more limbs (service related).<br><input type="checkbox"/> are blind in either or both eyes (service related).   |                   |     |               |

|   |   |                   |                   |              |               |
|---|---|-------------------|-------------------|--------------|---------------|
| <b>Surviving spouse or child of a deceased disabled veteran</b><br><br><input type="checkbox"/> 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 the 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 |
|   | Check the box if the veteran: <input type="checkbox"/> had lost the use of one or more limbs (service related).<br><input type="checkbox"/> was blind in either or both eyes (service related).<br>Are you a Texas resident? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you a surviving spouse? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you are a surviving spouse, have you remarried? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you a surviving child? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you are a surviving child: are you under 18? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>are you unmarried? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>was your disabled parent married at the time he/she died? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>how many of your disabled parent's children are under 18 and unmarried? ..... _____ |                   |                   |              |               |

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| <p><b>Surviving spouse or child of an armed forces member killed on active duty</b></p> <p><input type="checkbox"/> Check here if this exemption applies to you</p>  | <p>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.</p> |                   |                   |               |               |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Member's name</td> <td style="width: 20%; padding: 2px;">Branch of service</td> <td style="width: 15%; padding: 2px;">Disability rating</td> <td style="width: 15%; padding: 2px;">Age at death</td> <td style="width: 20%; padding: 2px;">Serial number</td> </tr> </table> | Member's name   | Branch of service | Disability rating | Age at death  | Serial number | <p>Are you a Texas resident? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a surviving spouse? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a surviving child? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are a surviving child: are you under 18? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         are you unmarried? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         how many of the member's children are under 18 and unmarried? ..... _____</p> |
| Member's name  | Branch of service   | Disability rating | Age at death      | Serial number |               |  |

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|---|---|
| <p><b>Step 3:<br/>Check if late application</b></p> | <p>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 last year.</p> <p><input type="checkbox"/> Application for exemption for prior tax year, _____ .</p> |
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| <p><b>Step 4:<br/>Sign the application</b></p> | <p>I certify that the information in this document and any attachments is true and correct to the best of my knowledge and belief.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"> <p><b>sign here</b>  Authorized signature</p> </td> <td style="width: 30%; padding: 2px;">Date</td> </tr> </table> <p><b>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.</b></p> | <p><b>sign here</b>  Authorized signature</p> | Date |
| <p><b>sign here</b>  Authorized signature</p>  | Date  |   |      |

\* 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.