

How to File a Property Tax Exemption

Form 50-114 allows you to file for the following exemptions. If you are wanting to apply for an exemption that is not included on this form, check your appraisal district's website for more information.

- General Homestead Exemption
- Disabled Person
- Person Age 65 or older (or surviving spouse)
- 100 Percent Disabled Veteran (or surviving spouse)
- Surviving Spouse of an Armed Services Member Killed in Action
- Surviving Spouse of a First Responder Killed in the Line of Duty
- Donated Residence of Partially Disabled Veteran (or surviving spouse)

Exemptions can be filed online for many appraisal districts. Select your county below to take you to the online filing application.

Travis County - https://traviscad.org/homesteadexemptions

Once you select to file online, you will need to create an account. You can access this account throughout the filing process for updates.

Or By Mail:

Travis Central Appraisal District 850 E Anderson Lane Austin, TX 78752

Williamson County - https://search.wcad.org/

Search your property in the county database. Once you locate your property, select the HS Exemption button in the navigation bar under your property address.

Or By Mail:

Williamson Central Appraisal District 625 FM 1460 Georgetown, TX 78626

Hays County - https://forms.hayscad.com/#/home

Once you create an account, you will be able to fill out and submit the exemption.

Or By Mail: Hays Central Appraisal District 21001 North IH 35

Kyle, TX 78640

Residence Homestead Exemption Application Appraisal District's Name Appraisal District Account Number (if known) Are you filing a late application? Yes No Tax Year(s) for Application GENERAL INFORMATION: Property owners applying for a residence homestead exemption file this form and supporting documentation with the appraisal district in each county in which the property is located (Tax Code Sections 11.13, 11.131, 11.132, 11.133, 11.134 and 11.432). Do not file this form with the Texas Comptroller of Public Accounts.

- Appraisal Districts Name Enter the county in which you are applying for the exemption (ie: Travis)
- Appraisal Districts Account Number Enter the Property ID number for the property. If you are unsure of this number, you can leave it blank
- **Tax Year** Enter the year in which you qualify for the exemption. You can go back two years from the current tax year as long as you qualify

Section 1

Check the appropriate boxes for the exemptions in which you are applying. You may select multiple exemptions, if applicable.

SECTION 1: Exemption(s) Requested (Select all that apply.)						
Do you live in the pro	perty for which you are seeking this	residence homestead exemptio	n? Yes	No		
General Residence Homestead Exemption Disabled Person Person Age 65 or Older (or Surviving Spouse)						
100 Percent Disabled Veteran (or Surviving Spouse) Is the disability a permanent total disability as determined by the U.S. Department of Veterans Affairs under 38 C.F.R. Section 4.15?						
Surviving Spouse of an Armed Services Member Killed or Fatally Injured in the Line of Duty Surviving Spouse of a First Responder Killed in the Line of Duty						
Donated Resi	dence of Partially Disabled Veteran	(or Surviving Spouse)	Percent Disabil	ity Rating		
Surviving Spouse:						
	Name of Deceased Spouse				Date of Death	

- Percent Disability Rating Enter the percentage awarded to you by the VA.
- **Surviving Spouse** If you are a surviving spouse in any of the above circumstances, you will need to enter the name of the deceased spouse along with the date of their passing in the boxes provided.

Check the appropriate boxes for the following questions:

Cooperative Housing: Do you have an exclusive right to occupy this property because you own stock in a cooperative housing corporation?		Yes	No
If yes, state name of cooperative housing corporation:			
Were you receiving a homestead exemption on your previous residence?		Yes	No
Are you transferring an exemption from a previous residence?		Yes	No
Are you transferring a tax limitation?		Yes	No
Previous Residence Address. City. State. Zip Code	evious County		

• If the answer to any of the last three questions is yes, you will need to enter the previous address along with the county in which the previous property was located in the boxes provided.

^{*}All disability exemptions will require additional documentation to prove the disability.

Section 2

Fill out Section 2 with your information:

elect One: Single Adult Marrie	ed Couple	Other (e.g., Individual who owns the	e property with others)
ame of Property Owner 1		Birth Date* (mm/dd/yyyy)	Driver's License, Personal ID Certificate or Social Security Number**
mary Phone Number (area code and number)	Email Address***		Percent Ownership Interest
me of Property Owner 2 g, Spouse, Co-Owner/Individual)		Birth Date* (mm/dd/yyyy)	Driver's License, Personal ID Certificate or Social Security Number**
mary Phone Number (area code and number)	Email Address***		Percent Ownership Interest
ction 3 out Section 3 with you propert	ty's informa	tion:	
CTION 3: Property Information			
you acquired this property	Date	you began occupying this property as your p	rincipal residence
ical Address (i.e. street address, not P.O. Box), City, County, I	ZIP Code		
	ZIP Code		
al Description (if known)			
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• If the property for which you are applying is a mobile home, it is required to include the Make, Model and ID number in the boxes provided

Section 4

Fill out Section 4 only if there are special circumstances for which you cannot provide the required documentation

SECTION 4: Waiver of Required Documentation
Indicate if you are exempt from the requirement to provide a copy of your driver's license or state-issued personal identification certificate.
I am a resident of a facility that provides services related to health, infirmity or aging.
Facility Name and Address
I am certified for participation in the address confidentiality program administered by the Office of the Texas Attorney General under Code of Criminal Procedure Chapter 58, Subchapter B.
Indicate if you request that the chief appraiser waive the requirement that the property address for exemption corresponds to your driver's license or state-issued personal identification certificate address:
I am an active duty U.S. armed services member or the spouse of an active duty member.
I hold a driver's license issued under Transportation Code Section 521.121(c) or 521.1211. Attached is a copy of the application for that license.

Section 5

Fill out Section 5 if you have additional information that should be disclosed to the county (special circumstances)

SECTION 5: Provide Additional Information Here (If any)
f you own other residential property in Texas, please list the county(les) of location.

Section 6

Fill out section 6 with your name and signature

SECTION 6: Affirmation and Signature					
I understand if I make a false statement on this form, I could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.					
	, swear or affirm the following:				
Property Owner/Authorized Representative Name Title/Authorization					
 that each fact contained in this application is true and correct; that I/the property owner meet(s) the qualifications under Texas law for the residence homestead exemption for which I am applying; and 					
	residence homestead or claim a residence homestead exemption on a residence				
sign here					
Signature of Property Owner/Applicant or Authorized Representative	Date				

- * May be used by appraisal district to determine eligibility for persons age 65 or older exemption or surviving spouse exemptions (Tax Code §11.43(m))
- ** Social security number disclosure may be required for tax administration and identification. (42 U.S.C. §405(c)(2)(C)(i)(i) Tax Code §11.43(f)). A driver's license number, personal identification number or social security number disclosed in an exemption application is confidential and not open to public inspection, except as authorized by Tax Code §11.48(b).
- *** May be confidential under Government Code §552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the Public Information Act.