

Residence Homestead Exemption Transfer Certificate

Date _____

Appraisal District's Name _____

Phone (area code and number) _____

Address _____ City _____ County _____ State _____ Zip Code _____

GENERAL INFORMATION: Chief appraisers may use this form to certify information necessary to determine the exemption amount to which certain surviving spouses are entitled on a subsequently qualified residence homestead under Tax Code Section 11.131, 11.132, 11.133 or 11.134.

SECTION 1: Property Owner/Surviving Spouse

Name of Property Owner _____

Property owner is the surviving spouse of a:

- 100 percent or totally disabled veteran** (Tax Code Section 11.131(d)):
- the disabled veteran qualified or would have qualified for an exemption pursuant to Tax Code Section 11.131(b);
 - the surviving spouse was married to the disabled veteran at the time of death;
 - the surviving spouse retained the qualified residence homestead or the residence homestead that would have qualified when the disabled veteran died; and
 - the surviving spouse has not remarried
- Disabled veteran who qualified for a donated homestead exemption of a percentage of the appraised value** (Tax Code Section 11.132(d)) if the surviving spouse:
- was married to the partially disabled veteran who qualified for an exemption pursuant to Tax Code Section 11.132(b) at the time of veteran's death;
 - retained the qualified residence homestead when the partially disabled veteran died; and
 - has not remarried.
- Member of the U.S. armed services killed in action** (Tax Code Section 11.133) if the surviving spouse:
- was married to the member of the U.S. armed services who was killed in action at the time of the member's death; and
 - has not remarried.
- First responder killed in the line of duty** (Tax Code Section 11.134) if the surviving spouse:
- is an eligible survivor for purposes of Government Code Chapter 615, as determined by the Employees Retirement System of Texas;
 - was married to a first responder at the time of the first responder's death; and
 - has not remarried.

SECTION 2: Previous Residence Homestead

Provide the information requested below for the previous residence homestead from which the exemption is requested to be transferred.

Appraisal District Account Number _____

Exemption Amount _____

Last Tax Year Surviving Spouse Qualified for Exemption _____

Physical Address, City, State, Zip Code _____

Legal Description _____

SECTION 3: Certification and Signature

I, chief appraiser for _____ Appraisal District, certify that _____ Name of Surviving Spouse

qualified for an exemption from taxation on the above described property pursuant to Tax Code Section 11.131, 11.132, 11.133 or 11.134, as applicable, in the amount stated above.

sign
here 

Signature of Chief Appraiser _____

Date _____