

REQUEST TO REMOVE OVER-65/DISABILITY/DV HOMESTEAD EXEMPTION AND TRANSFER TAX CEILING TO NEW RESIDENCE

Property ID:	
Property Address:	
Requested By (print name):	
Indicate the exemption to transfer: Over-65 Disabled Person Disabled Veteran Home	stead 🗆
Transfer for Tax Year: Date moved to new property:	
My New Appraisal District is:	
My <u>New Property Address</u> (primary residence) is:	
City State: Zip:	
My Current Phone Number is (including area code):	
IMPORTANT: IF YOU QUALIFIED FOR AN EXEMPTION ON YOUR PRIOR RESIDENCE ON JANUARY 1 TAX YEAR AND LATER YOU ACQUIRE A NEW RESIDENCE IN THAT SAME TAX YEAR , YOU <u>CANN</u> CLAIM THE OVER-65, OR THE DISABLED PERSON OR DISABLED VETERAN HOMESTEAD EXEMPTION BOTH RESIDENCES FOR THE WHOLE YEAR. THE EXEMPTION ON THE PREVIOUS RESIDENCE WILL PRORATED OFF UNLESS OTHERWISE INDICATED TO REMOVE FOR THE WHOLE YEAR. REMOVING EXEMPTIONS WILL GENERATE ADDITIONAL TAXES ON YOUR PREVIOUS RESIDE	N <mark>OT</mark> NS ON L BE
Please indicate your choice for the exemption to:	
Remove the indicated exemption and the General Homestead exemption for the wh (If removed for the whole year, the General Homestead exemption will also be removed.)	ole year.
OR	
Prorate off the indicated exemption for a portion of the year as of the supplied moved data (Collin CAD does not prorate the removal of the General Homestead exemption, therefore the General Homestead exemption will be left on the property. If you wish to also remove the General Homestead exemption, you must request that separately or select the "whole year" option above.)	ral
Signature: Date:	
PLEASE SUBMIT THIS FORM BY FAX OR TO THE ADDRESS LISTED BELOW.	