



Collin Central Appraisal District

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

Property ID: _____

Property Address: _____

Requested By (print name): _____

Transfer my: **Over-65** **Disabled Person** **Disabled Veteran Homestead** exemption and tax ceiling from the property listed above.

Date moved to new property: _____

My New Appraisal District is: _____

My New Property Address (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 OF A TAX YEAR AND LATER YOU ACQUIRE A NEW RESIDENCE IN THAT SAME TAX YEAR, YOU CANNOT CLAIM THE OVER-65, OR THE DISABLED PERSON OR DISABLED VETERAN HOMESTEAD EXEMPTIONS ON BOTH RESIDENCES FOR THE WHOLE YEAR. THE EXEMPTION ON THE PREVIOUS RESIDENCE WILL BE PRORATED OFF UNLESS OTHERWISE INDICATED TO REMOVE FOR THE WHOLE YEAR.

Please indicate your choice for the exemption to:

Remove the Over-65, Disabled Person or Disabled Veteran Homestead exemption in Collin County for the tax year _____ (Please note that if the exemption is removed for the whole year the General Residential Homestead Exemption will be removed as well)

OR

Prorate off the Over-65, Disabled Person or Disabled Veteran Homestead exemption in Collin County for the tax year _____

Signature: _____

Date: _____

PLEASE SUBMIT THIS FORM BY FAX OR TO THE ADDRESS LISTED BELOW.