



**DALLAS CENTRAL APPRAISAL DISTRICT**

2949 N. Stemmons Freeway, Dallas

Direct Mailing Address:  
PO Box 560328 Dallas, Texas 75356-0328  
(214) 631-1342

**OVER- 65 OR DISABLED PERSON TAX DEFERRAL AFFIDAVIT**

Account No. \_\_\_\_\_

Date: \_\_\_\_\_

If you have an existing mortgage on the property on which you wish to file a tax deferral, contact your mortgage company first to determine if they will honor the deferral. Otherwise, even though you may qualify for the deferral, your mortgage company may continue to pay your taxes. Please return this notarized form to the above address.

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me and to who by me was duly sworn on oath deposed, said:

My name is \_\_\_\_\_. I am 65 years of age or older OR a disabled person as defined by Section 11.13(m) of the Tax Code. I own and occupy as my residence homestead the following property:

Street address: \_\_\_\_\_

City and Zip code: \_\_\_\_\_

Legal description: \_\_\_\_\_

My date of birth is \_\_\_\_\_. Please attach proof such as a copy of your birth certificate or a copy of the front of your driver's license.

If disabled, attach proof of disability such as a current dated letter from the Social Security Administration or current letter of verification from your physician stating that you are 100% disabled.

I hereby exercise my right, pursuant to Section 33.06, Texas Property Tax Code, to defer or abate any suit to collect taxes on this property until such time as it ceases to be my residence homestead. I understand that a tax deferral only postpones paying these taxes; it does not cancel them. Interest is added at the rate of 8 percent per year. I further understand that once I no longer own the home or occupy my residence as a homestead, all past taxes and interest become due. Any penalty and interest that was due on the tax bill for the home before the tax deferral will remain on the property and also become due when the tax deferral ends.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Daytime Phone No.

NOTARY STATEMENT: Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_

\_\_\_\_\_  
Notary Public State of Texas

My commission expires: \_\_\_\_\_