

CALHOUN COUNTY APPRAISAL DISTRICT
P. O. BOX 49
PORT LAVACA, TEXAS 77979
361-552-4560

DISABLED PERSON
Residential Homestead Exemption Affidavit
For The Year **2008**

Name: _____ Prop ID: _____

Situs: _____

Legal Desc: _____

I, _____ do solemnly swear and affirm that I was the owner of the above described property and it was my residence homestead on January 1, 2008. Further, that I have not claimed a residence homestead on any other property for this year. Finally, that I understand that any person who makes a false affidavit shall be subject to the perjury laws of the State of Texas as provided by Section 37.10, Penal Code.

I do swear and affirm that I was under a disability for purposes of payment of disability benefits under Federal Old-Age, Survivors, and Disability Insurance on January 1, 2008.

SIGNATURE: _____ **DATE:** _____

DATE OF BIRTH: _____

TELEPHONE #: _____

THIS AFFIDAVIT MUST BE FILED IN THE CALHOUN COUNTY APPRAISAL DISTRICT OFFICE BY APRIL 30, 2008.