

**TAX CEILING CERTIFICATE FOR HOMEOWNER OVER-65,  
DISABLED OR SURVIVING SPOUSE OVER-55**

Date \_\_\_\_\_

**Appraisal District Name** **Cameron Appraisal District**
**Phone (area code and number)**  
**(956) 399-9322**

**Address** **2021 Amistad Dr / PO Box 1010 San Benito, TX 78586**

Property Owner's Name \_\_\_\_\_

Property Description \_\_\_\_\_

Taxing Unit Granting Limitation \_\_\_\_\_

Property owner qualified for tax ceiling as: *(check one)*

Homeowner Age 65 or Older     
  Disabled Homeowner     
  Surviving Spouse Age 55 or Older of Homeowner  Age 65 or Older or  Disabled

I, chief appraiser for this appraisal district, certified that this property owner qualified for a tax ceiling on this described principal residence for taxing unit \_\_\_\_\_. Below is information on the homestead qualified so that the homeowner may transfer the same percentage of tax paid to a new qualified homestead in this taxing unit.

Taxable value in tax year \_\_\_\_\_, the last year this owner received the exemption on this homestead in this taxing unit \$ \_\_\_\_\_

Taxes imposed on this homestead in the last year this owner received the exemption, based on the tax ceiling \$ \_\_\_\_\_

Taxes that would have been imposed on this homestead in the last year this owner received the exemption, if not qualified for the tax ceiling \$ \_\_\_\_\_

Percentage of tax paid in the last year this owner received the exemption and tax ceiling \_\_\_\_\_ %

Issued on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Chief Appraiser,

\_\_\_\_\_  
Appraisal District