ANN HARRIS BENNETT
Tax Assessor-Collector & Voter Registrar

APPLICATION FOR PROPERTY TAX REFUND

P.O. Box 4520 - Houston, Texas 77210-4520 Phone: 713-274-8100 Fax 713-368-2249

Step 1. Identify yourself and the property.

This Application must be complete and must be signed by the taxpayer to be valid.

Account number (7 or 13 digits) | **Tax year**

Refund requested by:

Name

Address

City, State, Zip

Daytime phone #: | *Email address:*

Description of the property (legal or street address)

Step 2. Who normally pays your property taxes?

This information is needed to assure your refund is made to the proper party.

Please check one of the following:

- ☐ My mortgage company withholds taxes from my monthly payment.
- ☐ I pay my property taxes directly.

If you bought or sold this property during the tax year, please complete below:

- ☐ I bought this property during the tax year.
- ☐ I sold this property during or after the tax year.

MONTH/YEAR

PLEASE INDICATE NAME OF YOUR MORTGAGE AND/OR TITLE COMPANY

Step 3. Provide the reason for this refund.

Please check one of the following and state reason:

- ☐ Overpaid the account (explain:)
- ☐ HCAD exemption or value reduction granted (date of change: / /)
- ☐ Paid incorrect account (explain:)

Step 4. Provide payment information.

Attach copies of cancelled checks for all payments you made on this account.

Payment made by	Check No.	Date paid	Amount paid
Total amount paid by mortgage company or others			
TOTAL AMOUNT PAID (sum of the above amounts)			
TOTAL PROPERTY TAX OWED			
AMOUNT PAID MINUS AMOUNT OWED			

Step 5. How do you want the refund handled?

Please check one of the following:

- ☐ Mail refund to above mailing address (Step 1)
- ☐ Transfer this payment to account #_____tax year _____
- ☐ Reapply this overpayment to several accounts (Please attach a list of accounts)

Step 6. Sign the form.

Unsigned applications cannot be processed.

By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. I understand that any person who makes a false entry upon this record shall be subject to fines and/or imprisonment.

SIGNATURE OF TAXPAYER (REQUIRED) | DATE