



## **LETTER OF INTENT TO MAKE FOUR INSTALLMENT PAYMENTS**

As prescribed by Section 31.031(a) or 31.032(a) of the Texas Property Tax Code, it is my intent to participate in the four-payment installment plan for tax year 2025. **PLEASE SUBMIT THIS FORM NO LATER THAN JANUARY 31, 2026.** 

Senior & Surviving Spouse - The owner has a residence homestead exemption, and the owner has attained

One of the following eligibility requirements is approved by the Travis Central Appraisal District on the property for which I will make installment payments.

BILLING NUMBER:	ACCOUNT NUMBER
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Requirements for eligibility (Please select one):

	the age of 65 years or the residence homestead is owned and occupied by a surviving spouse that is at least 55 years of age prior to or during the year of 2025. (Sec 11.13)				
Disal exen	<b>bled</b> - The owner has a <u>resident</u> nption as determined by the say.	ence homestead exemption Social Security Administrati	, and the owner qualifies for a disability on prior to or during the year of 2025.(Sec		
to a of a of a of 11.22 Prop	disabled veteran's exemption disabled veteran and entitled 2) <b>erty Damaged in a Declared</b>	n. Or the residence homeste to a disabled veteran's exe Disaster Area-The owner n ive living units; or is occupio	e a <u>residence homestead exemption</u> and entitled ead is owned and occupied by a surviving spouse emption prior to or during the year of 2025(Sec nust have a <u>residence homestead exemption</u> ; or ed by a business entity; and is damaged as a ng the year of 2025.		
urthermore,	I understand the paymen	t requirements are as fol	ows:		
Payment 1	Due January 31, 2026		One fourth or more of the total tax bill due.		
Payment 2	Due March 31, 2026	Second installment payment due.			
Payment 3	Due May 31, 2026	Third installment payment due.			
Payment 4	Due July 31, 2026	Fourth installment payment due.			
	that failure to meet these 1 (b & c) and Section 31.0	· · · · · · · · · · · · · · · · · · ·	enalty and interest charges as prescribed by operty Tax Code.		
SIGNATURE)			(RESIDENCE ADDRESS)		
PRINT NAME)			(TELEPHONE)		
would like a	reminder by telephone w	nen payment is due.	YES NO		
would like a	n email reminder when pa	yment is due. Email add	ress:		