Houston County Tax Office

Brittani Womack, Tax Assessor-Collector

P.O Box 941 Crockett, Tx 75835 / 936-544-3255 opt. 258

Grapeland Hospital District
Effective Tax Rate Calculation FT 2026
As of July 2026

Schedule A: Unencumbered Funds Balance:
The following estimated balances will be left in the unit's property tax accounts at the end of the fiscal year. These balances are encumbered by a corresponding debt obligation. Please list this information in whole dollar amounts. The information wil be used to complete your publications notices, so plist list each fund (if more than one) separately. Please use additional pages if necessary.

Typer of Property Tax Fund	Balance
N/A	

Schedule B: Debt Service Information:
The taxing unit plans to pay the following amounts for long-term debts that are secured by property taxes. These amounts will be paid from property tax reveneues (or additional sales tax revenues, if applicable).

Total 2026 debt to be paid with property taxe and additional sales tax revenue.
"Debt" means the interst and principal that will be paid on debts that:

1. **Are paid by property taxes**
2. **Are secured by property taxes**
3. **Are schedfueld for payment over a period longer than one year and;**
4. **Are not classified in the unit's budget as M&O expenses.**

Debt also includes contractual payments to other taxing units that haver incurred debts on behalf of this taxing unit, if those debts meet the four conditions above. Include only amounts that will be paid from property tax revenue (of additional sales tax revenue). Do not include appraisal district budget payments.

Description of Debt	Principal of Contract to be paid from Property Taxes	Interest to be Piad from Property Taxes	Other amounts to be paid	Total Payment
N/A	N/A	N/A	N/A	

Total required for _____(current year) debt services.....$_____
Amount (if any) paid from funds listed in unencumbered funds.....$_____
Amount (if any) paid from other resources.....$_____
Excess collections last year.....$_____
=Total to be paid from taxes in_____.....$_____ N/A
+Amount added in anticipation that the taxing unit will collect Only _____% of its taxes in _____(current year).....$_____
=Total Debt Levy.....$_____

I hereby certify that the above information is true and correct to the best of my knowledge.

Complete by: Nita Bridges **Signature:** Nita Bridges
Email: NKbridges2000@yahoo **Phone:** 903.922.9042

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Grapeland Hospital District
Indigent Healthcare Expenditures
As of June 30, 2026

2025 Indigent Healthcare Expenditures paid by the Houston County Hopsital District providing for the maintenance and operation cost of providing indigent healthcare for the period beginning on July 1, 2024 and ending on June 30, 2025, less any state assistance received for the same purposes $20,000.00.

2026 Indigent Healthcare Expenditures paid by the Houston County Hopsital District providing for the maintenance and operation cost of providing indigent healthcare for the period beginning on July 1, 2025 and ending on June 30, 2026, less any state assistance received for the same purposes $28,500.00.

I hereby certify that the above information is true and correct to the best of my knowledge.

Completed by: Nita Bridges
Signature: Nita Bridges
Email: NKbridges2000@yahoo.com
Phone: 903-922-9042

Aug 04 2026 06:39AM HP Fax 9037642841