

TAX YEAR 2018 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION (DV)

1. OWNERSHIP - CHOOSE 1 <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS			2. LIFE ESTATE - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES			3. MOBILE HOME - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES			COUNTY		
GI 6 A-HF979-DH: APPLICANT'S NAME IS NOT ON THE RECEIPT, ATTACH OWNERSHIP EVIDENCE.			REMAINDER ON PROPERTY? <input type="checkbox"/> NO <input type="checkbox"/> YES- PROVIDE INCOME AND COMPLETE 49-55.			IF YES, ATTACH TITLE OR BOS.			<input type="checkbox"/> TAXES PAID BY MORTGAGE COMPANY. PAY APPLICANT		

4. COUNTY #	5. CITY #	6. DI	7. MAP	8. GROUP	9. CNTL MAP	10. PARCEL	11. PI	12. SI	13. SSD1	14. SSD2	15. SSD3
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16. COUNTY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$		17. DATE TAXES PAID MONTH DAY YEAR		18. 25% ASSESSMENT RESIDENTIAL ONLY		19. TAX RATE		20. RECEIPT #		21. TAX BILL AMOUNT		28. CLASSIFICATION <input type="checkbox"/> ELDERLY <input type="checkbox"/> DISABLED HOMEOWNER <input type="checkbox"/> DISABLED VETERAN (F-16) <input type="checkbox"/> WIDOW/ER OF DISABLED VETERAN (F-16S)	
22. CITY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$		23. DATE TAXES PAID MONTH DAY YEAR		24. 25% ASSESSMENT RESIDENTIAL ONLY		25. TAX RATE		26. RECEIPT #		27. TAX BILL AMOUNT			

29. LAST NAME					30. FIRST NAME					31. MI	32. ADDITIONAL OWNER(S) <input type="checkbox"/> IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).	
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33. SOCIAL SECURITY NUMBER			34. MEDICARE CLAIM NUMBER			MED. CODE	35. BIRTH DATE MONTH DAY YEAR			36. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		37. TELEPHONE NUMBER () -	
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38. PROPERTY ADDRESS (STREET, OR A ROUTE WITH BOX NO.)					47. APPLICANT LOCATION - CHOOSE 1 <input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY <input type="radio"/> IN NURSING HOME <input type="radio"/> AT RELATIVE'S HOME <input type="radio"/> OTHER YEAR RELOCATED:					48. THE INCOME LIMIT IS: \$29,270 <i>Elderly and Disabled Homeowners</i> ANNUAL 2017 INCOME APPLICANT SP/CO/IRM		
					GIVE REASON FOR RELOCATION IN REMARKS IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES LEASE TERM (IN MONTHS)							

39. PROPERTY CITY					40. ZIP CODE					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SSA</td><td>\$</td><td>\$</td> </tr> <tr> <td>SSI</td><td>\$</td><td>\$</td> </tr> <tr> <td>RET/PEN</td><td>\$</td><td>\$</td> </tr> <tr> <td>VA</td><td>\$</td><td>\$</td> </tr> <tr> <td>WORKERS' COMP</td><td>\$</td><td>\$</td> </tr> <tr> <td>SALARY/WAGES</td><td>\$</td><td>\$</td> </tr> <tr> <td>DIV/INT</td><td>\$</td><td>\$</td> </tr> <tr> <td>OTHER</td><td>\$</td><td>\$</td> </tr> <tr> <td>TOTAL</td><td>\$</td><td>\$</td> </tr> </table>			SSA	\$	\$	SSI	\$	\$	RET/PEN	\$	\$	VA	\$	\$	WORKERS' COMP	\$	\$	SALARY/WAGES	\$	\$	DIV/INT	\$	\$	OTHER	\$	\$	TOTAL	\$	\$
SSA	\$	\$																																					
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DIV/INT	\$	\$																																					
OTHER	\$	\$																																					
TOTAL	\$	\$																																					
TN					- 0 0 0 0																																		

41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)					46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>					GIVE REASON FOR USE IN REMARKS NO INCOME <input type="checkbox"/> <input type="checkbox"/> GRAND TOTAL \$		

42. MAILING CITY			43. STATE	44. COUNTRY			45. ZIP CODE		
							- 0 0 0 0		

49. <input type="checkbox"/> CO-OWNER'S LAST NAME <input type="checkbox"/> SPOUSE'S LAST NAME <input type="checkbox"/> RESIDENT REMAINDER'S LAST NAME			50. FIRST NAME			51. MI	ARE YOU MARRIED? - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES - COMPLETE BLOCKS 48, 49-55 AND 85 OR COMPLETE F-10 FORM SPOUSAL INFORMATION IS REQUIRED REGARDLESS OF OWNERSHIP OR RESIDENCY.		
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52. SOCIAL SECURITY NUMBER			53. MEDICARE CLAIM NUMBER			MED. CODE	54. BIRTH DATE MONTH DAY YEAR			55. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
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56.	CITY #	57. DI	58. MAP	59. GROUP	60. CNTL MAP	61. PARCEL	62. PI	63. SI	64. SSD1	65. SSD2	66. SSD3
SECOND PARCEL #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

67. COUNTY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$	68. DATE TAXES PAID MONTH DAY YEAR <input type="text"/>	69. 25% ASSESSMENT RESIDENTIAL ONLY <input type="text"/>	70. TAX RATE <input type="text"/>	71. RECEIPT # <input type="text"/>	72. TAX BILL AMOUNT <input type="text"/>
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73. CITY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$	74. DATE TAXES PAID MONTH DAY YEAR <input type="text"/>	75. 25% ASSESSMENT RESIDENTIAL ONLY <input type="text"/>	76. TAX RATE <input type="text"/>	77. RECEIPT # <input type="text"/>	78. TAX BILL AMOUNT <input type="text"/>
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79. DECEASED OWNERS:	LAST NAME	FIRST NAME	RELATION	YEAR OF DEATH	<div style="border: 1px solid black; padding: 5px;"> <p>Deadline for taking application and paying taxes is 35 days after the property tax delinquency date.</p> <p>To avoid penalty and interest, total tax must be paid by delinquency date.</p> </div>
<input type="text"/>	<input type="text"/>	<input type="text"/>	1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER	<input type="text"/>	

80. DID YOU RECEIVE TAX RELIEF IN ANOTHER COUNTY OR PROPERTY EXEMPTION IN ANOTHER STATE? YES NO

IF YES, PROVIDE ADDRESS: _____

81. Comments: (Please Print)

DID YOU FILE A FEDERAL TAX RETURN FOR 2016? YES NO

ALTERNATE CONTACT INFORMATION:

NAME: _____ PHONE: (_____) _____

82. Certification by Collecting Official:

I assert that I have exercised reasonable care and am satisfied that the applicant understood the following:

(a) all changes of spouse and owners were to be listed; and

(b) all income from all sources for applicant's spouse and each owner was to be listed and was not to exceed the income limit; and

(c) intentionally providing false information could subject the applicant to penalty and interest charges in addition to immediate repayment of any tax relief received for years in which false information was provided.

I further assert that I detect no condition in this application/voucher, which would necessitate any documentation from this applicant in addition to that submitted.

Trustee or City Collecting Official: _____

I certify this information to be correct and understand that the information I have provided is subject to verification through matching programs with the social security administration. I understand I am subject to penalty and interest for intentionally providing false information.

83. APPLICATION DATE: / / 20

84. APPLICANT'S SIGNATURE: _____

85. SPOUSE'S/CO-OWNER'S/RESIDENT REMAINDER'S SIGNATURE: _____

86. WITNESS TO SIGNATURE MARK - This is to certify that we have witnessed the signing of this application by:

Witness Address _____

Witness Address _____



Tenn. Code Ann. § 67-5-701 through 67-5-704

CT-0067 REV. 4/2018

ALL Applications must be dated and signed

RDA SW25