

# TAX YEAR 2019 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION (DV)

<b>1. OWNERSHIP - CHOOSE 1</b> <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS <small>SUBMIT RECEIPT, IF APPLICANT'S NAME IS NOT ON THE RECEIPT, ATTACH OWNERSHIP EVIDENCE.</small>		<b>2. LIFE ESTATE - CHOOSE 1</b> <input type="checkbox"/> NO <input type="checkbox"/> YES    REMAINDER ON PROPERTY? <input type="checkbox"/> NO <input type="checkbox"/> YES- PROVIDE INCOME AND COMPLETE 49-55.			<b>3. MOBILE HOME - CHOOSE 1</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <small>IF YES, ATTACH TITLE OR BOS.</small>		COUNTY _____ <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		
<b>16. COUNTY TAX</b> ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$ _____		<b>17. DATE TAXES PAID</b> MONTH DAY YEAR _____		<b>18. 25% ASSESSMENT</b> RESIDENTIAL ONLY _____		<b>19. TAX RATE</b> _____		<b>20. RECEIPT #</b> _____		<b>21. TAX BILL AMOUNT</b> _____		<b>28. CLASSIFICATION</b> <input type="checkbox"/> ELDERLY <input type="checkbox"/> DISABLED HOMEOWNER <input type="checkbox"/> DISABLED VETERAN (F-16) <input type="checkbox"/> WIDOWER OF DISABLED VETERAN (F-16S)	
<b>22. CITY TAX</b> ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$ _____		<b>23. DATE TAXES PAID</b> MONTH DAY YEAR _____		<b>24. 25% ASSESSMENT</b> RESIDENTIAL ONLY _____		<b>25. TAX RATE</b> _____		<b>26. RECEIPT #</b> _____		<b>27. TAX BILL AMOUNT</b> _____			
<b>29. LAST NAME</b> _____				<b>30. FIRST NAME</b> _____				<b>31. MI</b> _____	<b>32. ADDITIONAL OWNER(S)</b> <input type="checkbox"/> IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).				
<b>33. SOCIAL SECURITY NUMBER</b> _____			<b>34. MEDICARE CLAIM NUMBER</b> _____		<b>MED. CODE</b> _____	<b>35. BIRTH DATE</b> MONTH DAY YEAR _____		<b>36. GENDER</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<b>37. TELEPHONE NUMBER</b> ( ) _____				
<b>38. PROPERTY ADDRESS</b> (STREET, OR A ROUTE WITH BOX NO.) _____ _____						<b>47. APPLICANT LOCATION - CHOOSE 1</b> <input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY GIVE REASON FOR RELOCATION IN REMARKS YEAR RELOCATED: _____		<b>48. THE INCOME LIMIT IS:</b> Elderly and Disabled Homeowners <b>\$29,860</b> ANNUAL 2018 INCOME APPLICANT SP/CO/IRM					
<b>39. PROPERTY CITY</b> _____						<b>40. ZIP CODE</b> _____		<b>IS HOUSE RENTED?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ENTER YEARLY AMOUNT IN "OTHER" INCOME - BLOCK 48					
<b>41. MAILING ADDRESS</b> (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY) _____ _____				<b>46. MAILING ADDRESS STATUS</b> FOR BLOCKS 41-45 ONLY <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary GIVE REASON FOR USE IN REMARKS				SSA \$ _____ SSI \$ _____ RET/PEN \$ _____ VA \$ _____ WORKERS' COMP \$ _____ SALARY/WAGES \$ _____ DIV/INT \$ _____ OTHER \$ _____ TOTAL \$ _____ NO INCOME <input type="checkbox"/>					
<b>42. MAILING CITY</b> _____			<b>43. STATE</b> TN	<b>44. COUNTRY</b> _____		<b>45. ZIP CODE</b> _____		GRAND TOTAL \$ _____					
<b>49.</b> <input type="checkbox"/> CO-OWNER'S LAST NAME <input type="checkbox"/> SPOUSE'S LAST NAME <input type="checkbox"/> RESIDENT REMAINDER'S LAST NAME				<b>50. FIRST NAME</b> _____				<b>51. MI</b> _____	<b>ARE YOU MARRIED? - CHOOSE 1</b> <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.				
<b>52. SOCIAL SECURITY NUMBER</b> _____			<b>53. MEDICARE CLAIM NUMBER</b> _____		<b>MED. CODE</b> _____	<b>54. BIRTH DATE</b> MONTH DAY YEAR _____		<b>55. GENDER</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>					

COMPLETE BLOCKS 56-78 ONLY WHEN APPLICANT HAS TWO (2) RECEIPTS ON WHICH TAX RELIEF IS TO BE PAID, **EXAMPLE:** CONTIGUOUS PARCELS, MOBILE HOME / LAND SPLIT, OR COUNTY / CITY SPLIT.

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 #:																	
67. COUNTY TAX		68. DATE TAXES PAID		69. 25% ASSESSMENT		70. TAX RATE		71. RECEIPT #			72. TAX BILL AMOUNT						
ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County		MONTH DAY YEAR		RESIDENTIAL ONLY													
\$																	
73. CITY TAX		74. DATE TAXES PAID		75. 25% ASSESSMENT		76. TAX RATE		77. RECEIPT #			78. TAX BILL AMOUNT						
ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City		MONTH DAY YEAR		RESIDENTIAL ONLY													
\$																	
79. DECEASED OWNERS:			LAST NAME			FIRST NAME			RELATION			YEAR OF DEATH					
									1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING								
									2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER								
									1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING								
									2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER								
									1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING								
									2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER								
80. DID YOU RECEIVE TAX RELIEF ON ANOTHER ADDRESS OR PROPERTY EXEMPTION IN ANOTHER STATE IN THE CURRENT TAX YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO												Deadline for taking application and paying taxes is 35 days after the property tax delinquency date.  To avoid interest, total tax must be paid by delinquency date.					
IF YES, PROVIDE COMPLETE ADDRESS: _____																	
81. Comments: (Please Print)						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.											
DID YOU FILE A FEDERAL TAX RETURN FOR 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO												<input type="checkbox"/> Trustee or <input type="checkbox"/> City Collecting Official: _____					
ALTERNATE CONTACT INFORMATION:																	
NAME: _____ PHONE: ( _____ ) _____																	
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 could be subject to penalty and interest for intentionally providing false information.																	
83. APPLICATION DATE:				84. APPLICANT'S SIGNATURE:				85. SPOUSE'S/CO-OWNER'S/RESIDENT REMAINDER'S SIGNATURE:									
<input type="text"/> / <input type="text"/> / 20 <input type="text"/>				_____				_____									
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. 4/2019

*ALL Applications must be dated and signed*

RDA SW25