

# TAX YEAR 2015 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION (DV)

**ELDERLY / DISABLED**

|   |  |  |   |
|---|--|--|---|
| <b>1. OWNERSHIP - CHOOSE 1</b><br><input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS<br><small>SUBMIT RECEIPT IF APPLICANT'S NAME IS NOT ON THE RECEIPT, ATTACH OWNERSHIP EVIDENCE.</small> | <b>2. LIFE ESTATE - CHOOSE 1</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES<br>REMAINDER ON PROPERTY?<br><input type="checkbox"/> NO <input type="checkbox"/> YES- PROVIDE INCOME AND COMPLETE 49-55. | <b>3. MOBILE HOME - CHOOSE 1</b><br><input type="checkbox"/> NO <input type="checkbox"/> YES<br>IF YES, ATTACH TITLE OR BOS. | <b>COUNTY</b><br><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><br>ISSUE PAYMENT TO:<br><input type="checkbox"/> Applicant <input type="checkbox"/> County<br>\$ | <b>17. DATE TAXES PAID</b><br>MONTH DAY YEAR | <b>18. 25% ASSESSMENT</b><br>RESIDENTIAL ONLY | <b>19. TAX RATE</b> | <b>20. RECEIPT #</b> | <b>21. TAX BILL AMOUNT</b> | <b>28. CLASSIFICATION</b><br><input type="checkbox"/> ELDERLY<br><input type="checkbox"/> DISABLED HOMEOWNER |
| <b>22. CITY TAX</b><br>ISSUE PAYMENT TO:<br><input type="checkbox"/> Applicant <input type="checkbox"/> City<br>\$     | <b>23. DATE TAXES PAID</b><br>MONTH DAY YEAR | <b>24. 25% ASSESSMENT</b><br>RESIDENTIAL ONLY | <b>25. TAX RATE</b> | <b>26. RECEIPT #</b> | <b>27. TAX BILL AMOUNT</b> |  |

|               |                |        |   |
|---------------|----------------|--------|---|
| 29. LAST NAME | 30. FIRST NAME | 31. MI | 32. ADDITIONAL OWNER(S)<br><input type="checkbox"/> IF MORE THAN TWO (2) OWNERS, ATTACH F10(s). |
|---------------|----------------|--------|---|

|                            |                           |           |                                  |  |                               |
|----------------------------|---------------------------|-----------|----------------------------------|--|-------------------------------|
| 33. SOCIAL SECURITY NUMBER | 34. MEDICARE CLAIM NUMBER | MED. CODE | 35. BIRTH DATE<br>MONTH DAY YEAR | 36. GENDER<br>MALE <input type="checkbox"/><br>FEMALE <input type="checkbox"/> | 37. TELEPHONE NUMBER<br>( ) - |
|----------------------------|---------------------------|-----------|----------------------------------|--|-------------------------------|

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| 38. PROPERTY ADDRESS (STREET, OR A ROUTE WITH BOX NO.)<br>(PRINCIPLE RESIDENCE) | 47. APPLICANT LOCATION - CHOOSE 1<br><input type="checkbox"/> LIVING ON PROPERTY<br><input type="checkbox"/> NOT LIVING ON PROPERTY<br>○ IN NURSING HOME<br>○ AT RELATIVE'S HOME<br>○ OTHER<br>YEAR RELOCATED: | 48. THE INCOME LIMIT IS: <b>\$28,690</b><br><br><b>ANNUAL 2014 INCOME</b><br>APPLICANT    SP/CO/RM |
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|                   |              |                    |
|-------------------|--------------|--------------------|
| 39. PROPERTY CITY | 40. ZIP CODE | 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<br>Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> | 47. GIVE REASON FOR RELOCATION IN REMARKS<br>IS HOUSE RENTED?<br><input type="checkbox"/> NO <input type="checkbox"/> YES<br>LEASE TERM (IN MONTHS) |
|--|---|---|

|                  |           |             |              |  |
|------------------|-----------|-------------|--------------|--|
| 42. MAILING CITY | 43. STATE | 44. COUNTRY | 45. ZIP CODE | NO INCOME <input type="checkbox"/> <input type="checkbox"/><br><b>GRAND TOTAL \$</b> |
|------------------|-----------|-------------|--------------|--|

|  |                |        |  |
|--|----------------|--------|--|
| 49. <input type="checkbox"/> CO-OWNER'S LAST NAME <input type="checkbox"/> SPOUSE'S LAST NAME<br><input type="checkbox"/> RESIDENT REMAINDER'S LAST NAME | 50. FIRST NAME | 51. MI | ARE YOU MARRIED? - CHOOSE 1<br><input type="checkbox"/> NO<br><input type="checkbox"/> YES - COMPLETE BLOCKS 48, 49-55 AND 85 OR COMPLETE F-10 FORM<br>SPOUSAL INFORMATION IS REQUIRED REGARDLESS OF OWNERSHIP OR RESIDENCY. |
|--|----------------|--------|--|

|                            |                           |           |                                  |  |
|----------------------------|---------------------------|-----------|----------------------------------|--|
| 52. SOCIAL SECURITY NUMBER | 53. MEDICARE CLAIM NUMBER | MED. CODE | 54. BIRTH DATE<br>MONTH DAY YEAR | 55. GENDER<br>MALE <input type="checkbox"/><br>FEMALE <input type="checkbox"/> |
|----------------------------|---------------------------|-----------|----------------------------------|--|

|  |        |                     |         |                    |              |              |        |               |          |          |                     |  |
|--|--------|---------------------|---------|--------------------|--------------|--------------|--------|---------------|----------|----------|---------------------|--|
| 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:  |        | MONTH DAY YEAR      |         | RESIDENTIAL ONLY   |              |              |        |               |          |          |                     |  |
| <input type="checkbox"/> Applicant <input type="checkbox"/> County |        |                     |         |                    |              |              |        |               |          |          |                     |  |
| \$   |        |                     |         |                    |              |              |        |               |          |          |                     |  |
| 73. CITY TAX   |        | 74. DATE TAXES PAID |         | 75. 25% ASSESSMENT |              | 76. TAX RATE |        | 77. RECEIPT # |          |          | 78. TAX BILL AMOUNT |  |
| ISSUE PAYMENT TO:  |        | MONTH DAY YEAR      |         | RESIDENTIAL ONLY   |              |              |        |               |          |          |                     |  |
| <input type="checkbox"/> Applicant <input type="checkbox"/> City   |        |                     |         |                    |              |              |        |               |          |          |                     |  |
| \$   |        |                     |         |                    |              |              |        |               |          |          |                     |  |

|                      |  |           |            |  |               |
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| 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   |               |

Deadline for taking application and paying taxes is 35 days after the property tax delinquency date.

To avoid penalty and interest, total tax must be paid by delinquency date.

80. HAVE YOU RECEIVED TAX RELIEF IN TENNESSEE BEFORE?  NO  YES

IF YES, GIVE COUNTY NAME. \_\_\_\_\_

81. Comments: (Please Print)

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DID YOU FILE A FEDERAL TAX RETURN FOR 2014?  YES  NO

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 and veterans administration. I understand I am 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:

\_\_\_\_/\_\_\_\_/20\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

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

Witness Address \_\_\_\_\_ Witness Address \_\_\_\_\_

NOTE: Signature mark requires two witnesses.

DATE RECEIVED (TRP Office Use Only)



T.C.A. 67-5-701 through 67-5-704