

# TAX YEAR 2016 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
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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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<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"/> WIDOW/ER 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> IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).
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<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> ( ) _____
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<b>38. PROPERTY ADDRESS (STREET, OR A ROUTE WITH BOX NO.)</b> _____ _____	<b>47. APPLICANT LOCATION - CHOOSE 1</b> <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: _____ GIVE REASON FOR RELOCATION IN REMARKS _____	<b>48. THE INCOME LIMIT IS:</b> Elderly and Disabled Homeowners <div style="font-size: 2em; font-weight: bold; text-align: right;">\$29,180</div> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">ANNUAL 2015 INCOME APPLICANT</th> <th style="text-align: center;">SP/CO/IRM</th> </tr> </thead> <tbody> <tr> <td>SSA</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>SSI</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>RET/PEN</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>VA</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>WORKERS' COMP</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>SALARY/WAGES</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>DIV/INT</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>OTHER</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: right;"><b>\$ _____</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </tbody> </table> NO INCOME <input type="checkbox"/>		ANNUAL 2015 INCOME APPLICANT	SP/CO/IRM	SSA	\$ _____	\$ _____	SSI	\$ _____	\$ _____	RET/PEN	\$ _____	\$ _____	VA	\$ _____	\$ _____	WORKERS' COMP	\$ _____	\$ _____	SALARY/WAGES	\$ _____	\$ _____	DIV/INT	\$ _____	\$ _____	OTHER	\$ _____	\$ _____	<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>
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<b>39. PROPERTY CITY</b> _____	<b>40. ZIP CODE</b> _____	<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">TN</div>
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<b>41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)</b> _____ _____	<b>46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY</b> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	GIVE REASON FOR RELOCATION IN REMARKS _____ IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES LEASE TERM _____ (IN MONTHS)
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<b>42. MAILING CITY</b> _____	<b>43. STATE</b> _____	<b>44. COUNTRY</b> _____	<b>45. ZIP CODE</b> _____
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<b>49. <input type="checkbox"/> CO-OWNER'S LAST NAME    <input type="checkbox"/> SPOUSE'S LAST NAME</b> <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.
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<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"/>
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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 #:												
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								
\$												
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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			
80. HAVE YOU RECEIVED TAX RELIEF IN TENNESSEE BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES						81. Comments: (Please Print)						
IF YES, GIVE COUNTY NAME. _____						_____						
82. Certification by Collecting Official:						DID YOU FILE A FEDERAL TAX RETURN FOR 2015? <input type="checkbox"/> YES <input type="checkbox"/> NO						
I assert that I have exercised reasonable care and am satisfied that the applicant understood the following:						ALTERNATE CONTACT INFORMATION:						
(a) all changes of spouse and owners were to be listed: and						NAME: _____ PHONE: ( ) _____						
(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.												
<input type="checkbox"/> Trustee or _____												
<input type="checkbox"/> 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:			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 _____			

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.



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

CT-0067 REV. 5/2016

*ALL Applications must be dated and signed*

RDA SW25