


TAX YEAR 2017 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION (DV)

1. OWNERSHIP - CHOOSE 1 <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>		2. LIFE ESTATE - CHOOSE 1 <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.		3. MOBILE HOME - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ATTACH TITLE OR BOS.		COUNTY SHELBY <input type="checkbox"/> TAXES PAID BY MORTGAGE COMPANY. PAY APPLICANT						
4. COUNTY # 079	5. CITY # 479	6. DI	7. MAP	8. GROUP	9. CNTL MAP	10. PARCEL	11. PI	12. SI	13. SSD1	14. SSD2	15. SSD3	
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"/> WIDOWER 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 3.271481		26. RECEIPT # _____		27. TAX BILL AMOUNT _____		
29. LAST NAME				30. FIRST NAME				31. MI	32. ADDITIONAL OWNER(S) IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).			
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 () -	
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: _____ GIVE REASON FOR RELOCATION IN REMARKS _____			48. THE INCOME LIMIT IS: <i>Elderly and Disabled Homeowners</i> \$29,180 ANNUAL 2016 INCOME APPLICANT SP/CO/IRM			
39. PROPERTY CITY						40. ZIP CODE			SSA \$ \$ SSI \$ \$ RET/PEN \$ \$ VA \$ \$ WORKERS' COMP \$ \$ SALARY/WAGES \$ \$ DIV/INT \$ \$ OTHER \$ \$ TOTAL \$ \$ NO INCOME <input type="checkbox"/> <input type="checkbox"/>			
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 _____			GRAND TOTAL \$ _____			
42. MAILING CITY			43. STATE	44. COUNTRY		45. ZIP CODE						
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 <small>SPOUSAL INFORMATION IS REQUIRED REGARDLESS OF OWNERSHIP OR RESIDENCY.</small>			
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"/>			

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:		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											
\$											
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 IN ANOTHER COUNTY OR PROPERTY EXEMPTION IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO											
IF YES, PROVIDE 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.					
DID YOU FILE A FEDERAL TAX RETURN FOR 2016? <input type="checkbox"/> YES <input type="checkbox"/> NO						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.					
ALTERNATE CONTACT INFORMATION:						<input type="checkbox"/> Trustee or					
NAME: _____						<input checked="" type="checkbox"/> City Collecting Official: 					
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 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.



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

CT-0067 REV. 6/2017

ALL Applications must be dated and signed

RDA SW05