|                                 | ION |  |  |  |  |  |
|---------------------------------|-----|--|--|--|--|--|
| PRINT IN BLACK OR BLUE INK ONLY |     |  |  |  |  |  |

| IS APPLICANT CUR<br>RECEIVING PROPE<br>RELIEF FOR THE <u>E</u><br>NO – COMPLETE<br>YES<br>APPLICATION#<br>ATTACH COPY OF O<br>YEAR ACV OR DV A<br>BOX 32 | RTY TAX<br><u>LDERLY</u> ?<br>2 BOXES 1 – 34<br>CURRENT  | SOLE OWN                         | ſ'S NAME IS NOT ON<br>AX RECEIPT, ATTACH | APPLICABLE   | YES<br>ER LIVING ON<br>YES – PROVI                      |  | 3. MOBILE H          | YES<br>CH TITLE |
|--|--|----------------------------------|--|--------------|---|--|----------------------|-----------------|
| 4. COUNTY #  | 5. CITY #  | 6. DI                            | 7. MAP                                   | 8. GROUP     | 9. CNTL MA  | P 10. PARCEL   | 11. PI               | 12. SI          |
| 13. LAST NAME  |  | FIRST NAME                       |  |              | MI  | 14. ADDITIONAL C<br>LISTED IN BOX                    | K 26<br>N TWO OWNER: |                 |
| 15. SOCIAL SECURITY NUMBER 16. BIRTH DATE MONTH  |  |                                  |  | DAY YEAR ( ) |   |  | NE NUMBER            |                 |
| 18. STREET ADDRES  | S OF PRINCIPAL F   | RESIDENCE (                      | STREET, OR ROUTE WI                      | TH BOX NO.)  |   |  |                      |                 |
| 19. CITY OF PRINCIP  | AL RESIDENCE   |                                  |  | TN           | 20. ZIP COD   | E  |                      |                 |
| 21. MAILING ADDRE  | ESS IF DIFFERENT   | FROM ADDRES                      | S OF PRINCIPAL RESID                     | ENCE (C/O P  | erson's Name, I   | P.O. Box, or ROUTE N                                 | JO. ONLY)            |                 |
| 22. MAILING CITY   |  |                                  | 23. STATE                                |              | 24. ZIP CC  | DDE  |                      |                 |
| 25. MAILING ADDRE  | ESS STATUS: FO   | R BLOCKS 21 –                    | 24 ONLY PERMA                            | ANENT TEM    | IPORARY (   | GIVE REASONS IN R                                    | EMARKS (BOX          | 31)             |
| 26. $\Box$ CO – OWNER $\Box$ RESIDENT RE   |  | LAST                             | NAME                                     |              | FIRST NAME  |  |                      | MI              |
| 27. SOCIAL SECURIT   | Y NUMBER   |                                  | BIRTH D<br>MONTH                         |              | DAY   | YEAR   |                      |                 |
| 28. INCOME LIMI  |  | NUAL 2023 INC                    | OME                                      | 29. APPLI    | CANT LOCAT  | ION – CHOOSE ONE                                     | 3                    |                 |
|  | AFFLICA  | NT CO-                           | - OWNER/SPOUSE                           |              |   |  |                      |                 |
| SSA  | \$   |                                  | - OWNER/SPOUSE                           |              | LIVING ON   | PROPERTY   |                      |                 |
| SSI  | \$\$   | \$                               | OWNER/SPOUSE                             |              | 7   | PROPERTY<br>G ON PROPERTY                            |                      |                 |
| SSI<br>RET/PEN   | \$\$<br>\$\$   | \$\$\$\$\$                       | OWNER/SPOUSE                             |              | ] NOT LIVIN   | G ON PROPERTY  |                      |                 |
| SSI  | \$\$<br>\$\$<br>\$\$   | \$\$<br>\$<br>\$                 | OWNER/SPOUSE                             |              | NOT LIVIN<br>O <sub>IN NU</sub>                         | G ON PROPERTY<br>JRSING HOME                         |                      |                 |
| SSI<br>RET/PEN<br>VA   | \$\$<br>\$\$<br>\$\$<br>\$\$   | \$\$<br>\$<br>\$\$               | OWNER/SPOUSE                             |              | ) not livin<br>O in nu<br>O at ri                       | G ON PROPERTY<br>JRSING HOME<br>ELATIVE'S HOME       |                      |                 |
| SSI<br>RET/PEN<br>VA<br>WORKERS' COMP  | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$   | \$\$<br>\$<br>\$<br>\$           | - OWNER/SPOUSE                           |              | NOT LIVIN<br>O <sub>IN NU</sub>                         | G ON PROPERTY<br>JRSING HOME<br>ELATIVE'S HOME       |                      |                 |
| SSI<br>RET/PEN<br>VA<br>WORKERS' COMP<br>SALARY/WAGES  | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$   | \$\$<br>\$<br>\$<br>\$<br>\$     | - OWNER/SPOUSE                           |              | D NOT LIVIN<br>O in nu<br>O at ri<br>O othe             | G ON PROPERTY<br>JRSING HOME<br>ELATIVE'S HOME<br>ER |                      |                 |
| SSI<br>RET/PEN<br>VA<br>WORKERS' COMP<br>SALARY/WAGES<br>DIV/INT   | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$   | \$\$<br>\$<br>\$<br>\$<br>\$<br> | - OWNER/SPOUSE                           |              | D NOT LIVIN<br>O in nu<br>O at ri<br>O othe             | G ON PROPERTY<br>JRSING HOME<br>ELATIVE'S HOME       |                      |                 |
| SSI<br>RET/PEN<br>VA<br>WORKERS' COMP<br>SALARY/WAGES<br>DIV/INT<br>OTHER  | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ | \$\$\$\$\$\$\$                   | - OWNER/SPOUSE                           |              | NOT LIVIN<br>O IN NU<br>O AT RI<br>O OTHI<br>YEAR RELOC | G ON PROPERTY<br>JRSING HOME<br>ELATIVE'S HOME<br>ER |                      |                 |

| 30. DECEASED OWNERS:<br>LAST NAME   | FIRST NAME   | RELATION   | YEAR OF DEATH   |
|---|--|--|---|
| 1   |  | SPOUSE SIBLIN  | G   |
| ·   |  | PARENT OTHER   | -   |
| 2   |  | SPOUSE SIBLING   | G   |
| 2   |  | $\square PARENT \square OTHER$   |   |
|   |  | SPOUSE SIBLIN  |   |
| 3   |  |  |   |
| 31. Remarks: (Please Print) Attach additional sl  | neet if necessary.   |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| I certify this information to be correct and under<br>knowingly provides false information concernin<br>misdemeanor. For a period of 18 months, I vol<br>social security number, name, date of birth, disa<br>freeze is sought is my principal residence for vo<br>the jurisdiction, the State of Tennessee, or any ot  | g the taxpayer's income or other infor<br>untarily authorize the Social Security A<br>bility status, and income to the Propert<br>ting purposes and that I have not subm | mation relative to eligibility for such pro<br>Administration, Internal Revenue Service,<br>y Tax Freeze Program. I certify that the p   | gram, commits a Class A<br>or anyone, to release my<br>property for which the tax |
| 32. APPLICATION DATE:   |  |  |   |
| 20  | APPLI  | CANT'S SIGNATURE   |   |
|   | CO-OV  | VNER /SPOUSE/ RESIDENT REMA  | INDER SIGNATURE   |
| 33. WITNESS TO SIGNATURE MARK – This  |  | А  | pplicant's Name   |
| Witness   | Δ ddress   |  |   |
| Witness   |  |  |   |
| Witness   | Address  |  |   |
|   | Address Address<br>e in reviewing documentation provided<br>ments of the program,<br>or which application is made; and   | by the applicant or other sources and am s   |   |
| Witness<br>34. Certification by Collecting Official:<br>I certify that I have exercised reasonable care<br>a) The applicant meets the age require<br>b) The applicant owns the residence for  | Address  | by the applicant or other sources and am s<br>s of the program   | atisfied that:  |
| Witness   34. Certification by Collecting Official:   I certify that I have exercised reasonable care   a) The applicant meets the age require   b) The applicant owns the residence for   c) The income from all owners of the p   I assert that I have exercised reasonable care and  | Address  | by the applicant or other sources and am s<br>s of the program<br>hat intentionally providing false informati  | eatisfied that:   |
| Witness   34. Certification by Collecting Official:   I certify that I have exercised reasonable care   a) The applicant meets the age require   b) The applicant owns the residence for   c) The income from all owners of the p   I assert that I have exercised reasonable care and required repayment of any tax savings, plus penal  | Address  | by the applicant or other sources and am s<br>s of the program<br>hat intentionally providing false informati  | eatisfied that:   |
| Witness   34. Certification by Collecting Official:   I certify that I have exercised reasonable care   a) The applicant meets the age require   b) The applicant owns the residence for   c) The income from all owners of the p   I assert that I have exercised reasonable care and   required repayment of any tax savings, plus penal   I further assert that I detect no condition in this a   Base Tax Year:   | Address  | by the applicant or other sources and am s<br>s of the program<br>hat intentionally providing false informati<br>documentation from this applicant in add  | eatisfied that:   |
| Witness   34. Certification by Collecting Official:   I certify that I have exercised reasonable care   a) The applicant meets the age require   b) The applicant owns the residence for   c) The income from all owners of the p   I assert that I have exercised reasonable care and   required repayment of any tax savings, plus pena   I further assert that I detect no condition in this a   Base Tax Year:   Base Tax Freeze Amount:  | Address  | by the applicant or other sources and am s<br>s of the program<br>hat intentionally providing false informati<br>documentation from this applicant in add<br>Trustee<br>City Collecting Official | eatisfied that:   |
| Witness   34. Certification by Collecting Official:   I certify that I have exercised reasonable care   a) The applicant meets the age require   b) The applicant owns the residence for   c) The income from all owners of the p   I assert that I have exercised reasonable care and   required repayment of any tax savings, plus penal   I further assert that I detect no condition in this a   Base Tax Year:   Base Tax Freeze Amount:   Base Tax Year Tax Rate:   | Address  | by the applicant or other sources and am s<br>s of the program<br>hat intentionally providing false informati<br>documentation from this applicant in add<br>Trustee $\Box$                      | atisfied that:<br>on could result in the<br>ition to that submitted.              |
| Witness   34. Certification by Collecting Official:   I certify that I have exercised reasonable care   a) The applicant meets the age require   b) The applicant owns the residence for   c) The income from all owners of the p   I assert that I have exercised reasonable care and   required repayment of any tax savings, plus penal   I further assert that I detect no condition in this a   Base Tax Year:   Base Tax Freeze Amount:   Base Tax Year Tax Rate:   FOR OFFICIAL USE ONLY   | Address  | by the applicant or other sources and am s<br>s of the program<br>hat intentionally providing false informati<br>documentation from this applicant in add<br>Trustee<br>City Collecting Official | atisfied that:<br>on could result in the<br>ition to that submitted.              |
| Witness   34. Certification by Collecting Official:   I certify that I have exercised reasonable care   a) The applicant meets the age require   b) The applicant owns the residence for   c) The income from all owners of the p   I assert that I have exercised reasonable care and   required repayment of any tax savings, plus penal   I further assert that I detect no condition in this a   Base Tax Year:   Base Tax Freeze Amount:   Base Tax Year Tax Rate:   FOR OFFICIAL USE ONLY   Total Assessed Value:   Total Assessed Value: | Address  | by the applicant or other sources and am s<br>s of the program<br>hat intentionally providing false informati<br>documentation from this applicant in add<br>Trustee<br>City Collecting Official | atisfied that:<br>on could result in the<br>ition to that submitted.              |
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