

2024 DV APPLICATION

State of Tennessee Property Tax Relief Program

APPLICATION
DATE

CLASSIFICATION

☐ Elderly ☐ Disabled ☐ Disabled Veteran ☐ Widow(er) of Disabled Veteran

JURISDICTION

NAME

DATE TAXES PAID

RECEIPT NUMBER

ISSUE PAYMENT TO

COUNTY

APPLICANT

COUNTY

CITY

MEMPHIS

APPLICANT

CITY

Tax payment late due to mobile home park or mortgage company

☐ YES ☐ NO

APPLICANT

Last Name

First Name

MI

SSN

Gender

☐ MALE

☐ FEMALE

DOB

APPLICANT'S INCOME

(Only Elderly & Disabled Homeowners)

NO INCOME IN 2023 ☐

INCOME LIMIT - \$36,370

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

TOTAL 2023 INCOME

PROPERTY

Parcel ID

Address

City

TN Zip

MAILING

My mailing
address is:

☐ PERMANENT

☐ TEMPORARY

PROVIDE REASON
IN COMMENTS

Mailing
Address,

if different than
property address

City

State

Zip

County

CONTACT
INFO.

Applicant Phone

Applicant Email

Alternate
Contact Name

Alternate
Contact Email

Alternate
Contact Phone

PROPERTY TYPE:

☐

HOME

☐

MOBILE HOME

☐

MOBILE HOME ON SOMEONE ELSE'S LAND

☐

COMMERCIAL

☐

HOME ON PARCEL WITH MULTIPLE RESIDENCES

Do you live on this property?

☒

YES

☐

NO

Are you relocated?

☐

YES

☐

NO

Month and Year
of Relocation

Reason for Relocation

Is your property rented?

☐

YES

☐

NO

Did you receive tax relief on another property in Tennessee or
property tax exemption in another state in the current tax year?

☐

YES

☐

NO

➡ If YES, applicant is ineligible for tax relief.

RESIDENCY

OTHER PARTIES

Select one type:

☐ **CO-OWNER**

☐ **SPOUSE**

☐ **RESIDENT
REMAINDER**

Is the property co-owned? ☐ YES ☐ NOIs the applicant married? ☐ YES ☐ NOIs there a life estate? ☐ YES ☐ NOIf YES, is the remainder
living on the property? ☐ YES ☐ NOLast Name First Name MI SSN Gender ☐MALE ☐

FEMALE

DOB

FOR ADDITIONAL PARTIES, COMPLETE AND TRANSMIT F-10 FORM.

DECEASED
OWNERName Year
Deceased Relationship: ☐ SPOUSE ☐ PARENT ☐ SIBLING ☐ OTHERCERTIFICATION BY
COLLECTING OFFICIALI 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 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.

COLLECTING OFFICIAL'S SIGNATURE

ALL SIGNATURES

I certify this information to
be correct and understand
that the information that
I have provided is subject
to verification through
matching programs with the
social security administration.
I understand that I could
be subject to interest for
intentionally providing false
information.

APPLICANT'S SIGNATURE

SPOUSE / CO-OWNER / RESIDENT
REMAINDER SIGNATUREWITNESS TO
SIGNATURE MARK

Signature of two witnesses
required if applicant is unable
to sign their name and can only
sign by making a mark:

Witness
Signature and
AddressWitness
Signature and
Address

OTHER PARTY'S INCOME

(Only Elderly & Disabled Homeowners)

NO INCOME IN 2023 ☐

INCOME LIMIT - \$36,370

SSA BENEFITS SSI BENEFITS RETIREMENT / PENSION VETERAN'S BENEFITS WORKER'S COMP WAGES & SALARIES DIVIDENDS & INTEREST OTHER INCOME RENTAL INCOME INCOME LOSS (-) TOTAL 2023 INCOME 2ND PARCEL ID

COMMENTS



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

Division of Property Assessments

CT-0067 Rev. 3/2024

