

2025 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

MORTGAGE CO PAID?

ISSUE PAYMENT TO

COUNTY

 / / ☐ YES ☐ NO☐

NO

☐ APPLICANT ☐ COUNTY

CITY

 / / ☐ YES ☐ NO☐

NO

☐ APPLICANT ☐ CITY

Tax payment late due to mobile home park or mortgage company

☐ YES ☐ NO☐ NO

APPLICANT

Last Name

First Name

MI

SSN

 - -

Gender

☐ MALE ☐ FEMALE

FEMALE

DOB

 / /

Parcel ID

Address

City

TN Zip

USPS does not forward Tax Relief checks. If relocated, provide mailing address and reason

APPLICANT'S INCOME

(Only Elderly & Disabled Homeowners)

NO INCOME IN 2024 ☐

INCOME LIMIT - \$37,530

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

TOTAL 2024 INCOME

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 Phone

 () -

Alternate
Contact Email

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.

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

☐ FEMALEDOB

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 2024 ☐

INCOME LIMIT - \$37,530

SSA BENEFITS SSI BENEFITS RETIREMENT / PENSION VETERAN'S BENEFITS WORKER'S COMP WAGES & SALARIES DIVIDENDS & INTEREST OTHER INCOME RENTAL INCOME INCOME LOSS (-) TOTAL 2024 INCOME 2ND PARCEL ID

COMMENTS



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

Division of Property Assessments

CT-0067 Rev. 3/2025

