



TAX YEAR 2023 STATE OF TENNESSEE PROPERTY TAX FREEZE APPLICATION
PRINT IN BLACK OR BLUE INK ONLY

IS APPLICANT CURRENTLY RECEIVING PROPERTY TAX RELIEF FOR THE ELDERLY? <input type="checkbox"/> NO – COMPLETE BOXES 1 – 34 <input type="checkbox"/> YES APPLICATION# _____ ATTACH COPY OF CURRENT YEAR ACV OR DV AND SKIP TO BOX 32		1. OWNERSHIP – CHOOSE ONE <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS IF APPLICANT'S NAME IS NOT ON PROPERTY TAX RECEIPT, ATTACH OWNERSHIP EVIDENCE			2. LIFE ESTATE – CHOOSE ONE IF APPLICABLE <input type="checkbox"/> NO <input type="checkbox"/> YES IS REMAINDER LIVING ON PROPERTY? <input type="checkbox"/> NO <input type="checkbox"/> YES – PROVIDE INCOME AND COMPLETE 26 - 27			3. MOBILE HOME <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES ATTACH TITLE OR BILL OF SALE																																												
4. COUNTY #	5. CITY #	6. DI	7. MAP	8. GROUP	9. CNTL MAP	10. PARCEL	11. PI	12. SI																																												
13. LAST NAME						FIRST NAME		MI	14. ADDITIONAL OWNER SHOULD BE LISTED IN BOX 26 <input type="checkbox"/> IF MORE THAN TWO OWNERS, LIST IN REMARKS (BOX 31)																																											
15. SOCIAL SECURITY NUMBER				16. BIRTH DATE MONTH DAY YEAR			17. TELEPHONE NUMBER ()																																													
18. STREET ADDRESS OF PRINCIPAL RESIDENCE (STREET, OR ROUTE WITH BOX NO.)																																																				
19. CITY OF PRINCIPAL RESIDENCE							20. ZIP CODE																																													
							TN																																													
21. MAILING ADDRESS IF DIFFERENT FROM ADDRESS OF PRINCIPAL RESIDENCE (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)																																																				
22. MAILING CITY				23. STATE			24. ZIP CODE																																													
25. MAILING ADDRESS STATUS: FOR BLOCKS 21 – 24 ONLY <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY GIVE REASONS IN REMARKS (BOX 31)																																																				
26. <input type="checkbox"/> CO – OWNER <input type="checkbox"/> SPOUSE			LAST NAME			FIRST NAME			MI																																											
<input type="checkbox"/> RESIDENT REMAINDER																																																				
27. SOCIAL SECURITY NUMBER				BIRTH DATE MONTH DAY YEAR																																																
28. INCOME LIMIT <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center" colspan="2">ANNUAL 2022 INCOME</th> </tr> <tr> <th></th> <th align="center">APPLICANT</th> <th align="center">CO – OWNER/SPOUSE</th> </tr> </thead> <tbody> <tr> <td>SSA _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>SSI _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>RET/PEN _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>VA _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>WORKERS' COMP _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>SALARY/WAGES _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>DIV/INT _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>OTHER _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>ADJUSTMENTS _____</td> <td align="center">\$ - _____</td> <td align="center">\$ - _____</td> </tr> <tr> <td>TOTAL _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td></td> <td align="center">NO INCOME <input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td></td> <td align="center">GRAND TOTAL \$ _____</td> <td></td> </tr> </tbody> </table>							ANNUAL 2022 INCOME			APPLICANT	CO – OWNER/SPOUSE	SSA _____	\$ _____	\$ _____	SSI _____	\$ _____	\$ _____	RET/PEN _____	\$ _____	\$ _____	VA _____	\$ _____	\$ _____	WORKERS' COMP _____	\$ _____	\$ _____	SALARY/WAGES _____	\$ _____	\$ _____	DIV/INT _____	\$ _____	\$ _____	OTHER _____	\$ _____	\$ _____	ADJUSTMENTS _____	\$ - _____	\$ - _____	TOTAL _____	\$ _____	\$ _____		NO INCOME <input type="checkbox"/>	<input type="checkbox"/>		GRAND TOTAL \$ _____		29. APPLICANT LOCATION – CHOOSE ONE <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 (BOX 31) IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES				
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	NO INCOME <input type="checkbox"/>	<input type="checkbox"/>																																																		
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30. DECEASED OWNERS:

LAST NAME	FIRST NAME	RELATION	YEAR OF DEATH
1. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	_____
2. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	_____
3. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	_____

31. Remarks: (Please Print) Attach additional sheet if necessary.

I certify this information to be correct and understand I am subject to penalty and interest for intentionally providing false information. Any taxpayer, who knowingly provides false information concerning the taxpayer's income or other information relative to eligibility for such program, commits a Class A misdemeanor. For a period of 18 months, I voluntarily authorize the Social Security Administration, Internal Revenue Service, or anyone, to release my social security number, name, date of birth, disability status, and income to the Property Tax Freeze Program. I certify that the property for which the tax freeze is sought is my principal residence for voting purposes and that I have not submitted another property as my principal residence for any purpose in the jurisdiction, the State of Tennessee, or any other state.

32. APPLICATION DATE:

_____/_____/20____

APPLICANT'S SIGNATURE

CO-OWNER /SPOUSE/ RESIDENT REMAINDER SIGNATURE

33. WITNESS TO SIGNATURE MARK – This is to certify that we have witnessed the signing of this application by: _____
Applicant's Name

Witness _____ Address _____

Witness _____ Address _____

34. Certification by Collecting Official:

I certify that I have exercised reasonable care in reviewing documentation provided by the applicant or other sources and am satisfied that:

- a) The applicant meets the age requirements of the program,
- b) The applicant owns the residence for which application is made; and
- c) The income from all owners of the property meets the income requirements of the program

I assert that I have exercised reasonable care and am satisfied the applicant understood that intentionally providing false information could result in the required repayment of any tax savings, plus penalty and interest charges.

I further assert that I detect no condition in this application which would necessitate any documentation from this applicant in addition to that submitted.

Base Tax Year: _____

Trustee

City Collecting Official

Base Tax Freeze Amount: _____

Base Tax Year Tax Rate: _____

Signature Date

FOR OFFICIAL USE ONLY

Total Assessed Value: _____

Total Parcel Size: _____

Property Use: _____

Property Split: Frozen _____ Other _____

Determined By Date