

APPLICANT ANNUAL INCOME FOR 2024Applicant Claims No Income ☐

Social Security Benefits

SSI Benefits

Retirement Pension/Benefits

Veteran's Benefits

Worker's Comp

Wages and Salaries

Dividends and Interest

Rental Income

Other Income

Income Loss (enter as a negative)

Include Income Loss only when required to bring Total Income below income limit.

Total Income:

OTHER PARTIES' ANNUAL INCOME FOR 2024Other Party Claims No Income ☐

Social Security Benefits

SSI Benefits

Retirement Pension/Benefits

Veteran's Benefits

Worker's Comp

Wages and Salaries

Dividends and Interest

Rental Income

Other Income

Income Loss (enter as a negative)

Include Income Loss only when required to bring Total Income below income limit.

Total Income:

DECEASED OWNERSNo Deceased Owners ☐

First Name

Last Name

Relationship: ☐ Spouse ☐ Parent ☐ Sibling ☐ Other

Year Deceased

REMARKSNo Remarks ☐**SIGNATURES**

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.

APPLICATION DATE

/ /

APPLICANT'S SIGNATURE**SPOUSE / CO-OWNER / RESIDENT
REMAINDER SIGNATURE****WITNESS TO SIGNATURE MARK** Certification by signature of two witnesses is required if applicant is unable to sign their name and can only sign by making a mark:Witness
SignatureWitness
AddressWitness
SignatureWitness
Address

Base Tax Year

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.

Base Tax Freeze Amount

Base Tax Year Tax Rate

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.

Trustee ☐

City Collecting Official SIGNATURE

**LA'KEITH T. MILLER
CITY TREASURER**

DATE



TAX YEAR 2025

PROPERTY TAX FREEZE APPLICATION

COUNTY

CITY

IS APPLICANT CURRENTLY RECEIVING PROPERTY TAX RELIEF FOR THE ELDERLY?

☐ NO - COMPLETE THIS FORM

☐ YES - ATTACH COPY OF CURRENT YEAR ACV OR DV AND COMPLETE "SIGNATURES" SECTION OF THIS FORM

PARCEL ID

Parcel ID ...OR... Control Map - Group - Parcel - Property Identifier - Special Interest

PROPERTY INFORMATION

Address

City

State

TN

Zip Code

RESIDENCY INFORMATION

Is property a mobile home?

☐ YES

☐ NO

If YES - provide Title or Bill of Sale

Is applicant living on property?

☐ YES

☐ NO

If NO - date of temporary relocation

/

(mm/yyyy)

Reason for temporary relocation

Mailing address is required when applicant has temporarily relocated.

Is property rented?

☐ YES

☐ NO

If property is rented, the rental income must be entered into the "Rental Income" box.

OTHER PARTIES

Is property co-owned?

☐ YES

☐ NO

Is applicant married?

☐ YES

☐ NO

Is there a life estate?

☐ YES

☐ NO

If YES - is remainder living on property?

☐ YES

☐ NO

MAILING ADDRESS

☐ Same as Property Address

Address Type:

☐ Permanent

☐ Temporary

Address

City

State

Zip Code

Country

APPLICANT PERSONAL INFORMATION

Last Name

First Name

MI

Phone #

SSN

(Last 4 digits)

Date of Birth

(mm/dd/yyyy)

Classification

Owner

OTHER PARTIES' PERSONAL INFORMATION

Last Name

First Name

MI

Phone #

SSN

(Last 4 digits)

Date of Birth

(mm/dd/yyyy)

Classification:

☐ Co-Owner

☐ Spouse

☐ Remainder

