

<p>IS APPLICANT CURRENTLY RECEIVING PROPERTY TAX RELIEF FOR THE ELDERLY?</p> <p><input type="checkbox"/> NO – COMPLETE BOXES 1 – 34</p> <p><input type="checkbox"/> YES</p> <p>APPLICATION# _____</p> <p>ATTACH COPY OF CURRENT YEAR ACV OR DV AND SKIP TO BOX 32</p>	<p>1. OWNERSHIP – CHOOSE ONE</p> <p><input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS</p> <p>IF APPLICANTS NAME IS NOT ON PROPERTY TAX RECEIPT, ATTACH OWNERSHIP EVIDENCE</p>	<p>2. LIFE ESTATE – CHOOSE ONE IF APPLICABLE</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IS REMAINDER LIVING ON PROPERTY?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES – PROVIDE INCOME AND COMPLETE 26 - 27</p>	<p>3. MOBILE HOME</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IF YES ATTACH TITLE OR BILL OF SALE</p>
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4. COUNTY #	5. CITY #	6. DI	7. MAP	8. GROUP	9. CNTL MAP	10. PARCEL	11. PI	12. SI
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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 ())
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18. STREET ADDRESS OF PRINCIPAL RESIDENCE (STREET, OR ROUTE WITH BOX NO.)

19. CITY OF PRINCIPAL RESIDENCE TN	20. ZIP CODE
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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
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25. MAILING ADDRESS STATUS: **FOR BLOCKS 21 – 24 ONLY** PERMANENT 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
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28. INCOME LIMIT

	ANNUAL 2009 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

LIVING ON PROPERTY

NOT LIVING ON PROPERTY

IN NURSING HOME
 AT RELATIVE'S HOME
 OTHER

YEAR RELOCATED: _____

GIVE REASON FOR RELOCATION IN REMARKS (BOX 31)

IS HOUSE RENTED? NO YES

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

Base Tax Freeze Amount: _____ City Collecting Official

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 _____