

TAX YEAR 2010 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION - DV

1. OWNERSHIP - CHOOSE 1 <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS <small>IF APPLICANT'S NAME IS NOT ON THE RECEIPT, ATTACH OWNERSHIP EVIDENCE.</small>	2. LIFE ESTATE - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES REMAINDER ON PROPERTY? <input type="checkbox"/> NO <input type="checkbox"/> YES- PROVIDE INCOME AND COMPLETE 49-55.	3. MOBILE HOME - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES <small>IF YES, ATTACH TITLE OR BOS.</small>	COUNTY NAME
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4. COUNTY #	5. CITY #	6. DI	7. MAP	8. GROUP	9. CNTL MAP	10. PARCEL	11. PI	12. SI	13. SSD1	14. SSD2	15. SSD3
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16. COUNTY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$	17. DATE TAXES PAID MONTH DAY YEAR	18. 25% ASSESSMENT RESIDENTIAL ONLY	19. TAX RATE	20. RECEIPT #	21. TAX BILL AMOUNT	28. CLASSIFICATION <input type="checkbox"/> ELDERLY <input type="checkbox"/> DISABLED HOMEOWNER <input type="checkbox"/> DISABLED VETERAN (F-16) <input type="checkbox"/> WIDOWER OF DISABLED VETERAN (F-16S)
22. CITY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$	23. DATE TAXES PAID MONTH DAY YEAR	24. 25% ASSESSMENT RESIDENTIAL ONLY	25. TAX RATE	26. RECEIPT #	27. TAX BILL AMOUNT	

29. LAST NAME	30. FIRST NAME	31. MI	32. ADDITIONAL OWNER(S) <input type="checkbox"/> IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).
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33. SOCIAL SECURITY NUMBER	34. MEDICARE CLAIM NUMBER	MED. CODE	35. BIRTH DATE	36. GENDER	37. TELEPHONE NUMBER
			MONTH DAY YEAR	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	() -

38. PROPERTY ADDRESS (STREET, OR A ROUTE WITH BOX NO.)	47. APPLICANT LOCATION - CHOOSE 1 <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:	48. THE INCOME LIMIT IS: ANNUAL 2009 INCOME APPLICANT SP/CO/RM SSA \$ \$ SSI \$ \$ RET/PEN \$ \$ VA \$ \$ WORKERS' COMP \$ \$ SALARY/WAGES \$ \$ DIV/INT \$ \$ OTHER \$ \$ TOTAL \$ \$ NO INCOME <input type="checkbox"/>
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39. PROPERTY CITY	TN	40. ZIP CODE	46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> GIVE REASON FOR USE IN REMARKS
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41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)	42. MAILING CITY	43. STATE	44. COUNTRY	45. ZIP CODE	GRAND TOTAL \$
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49. <input type="checkbox"/> CO-OWNER'S LAST NAME <input type="checkbox"/> SPOUSE'S LAST NAME <input type="checkbox"/> RESIDENT REMAINDER'S LAST NAME	50. FIRST NAME	51. MI
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52. SOCIAL SECURITY NUMBER	53. MEDICARE CLAIM NUMBER	MED. CODE	54. BIRTH DATE	55. GENDER
			MONTH DAY YEAR	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>



56.	CITY #	57. DI	58. MAP	59. GROUP	60. CNTL MAP	61. PARCEL	62. PI	63. SI	64. SSD1	65. SSD2	66. SSD3
SECOND PARCEL #:											

67. COUNTY TAX	68. DATE TAXES PAID	69. 25% ASSESSMENT	70. TAX RATE	71. RECEIPT #	72. TAX BILL AMOUNT
ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$	MONTH DAY YEAR	RESIDENTIAL ONLY			
73. CITY TAX	74. DATE TAXES PAID	75. 25% ASSESSMENT	76. TAX RATE	77. RECEIPT #	78. TAX BILL AMOUNT
ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$	MONTH DAY YEAR	RESIDENTIAL ONLY			

79. DECEASED OWNERS:		LAST NAME	FIRST NAME	RELATION	YEAR OF DEATH
<input type="checkbox"/>	<input type="checkbox"/>			1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER	
<input type="checkbox"/>	<input type="checkbox"/>			1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER	
<input type="checkbox"/>	<input type="checkbox"/>			1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER	

Deadline for taking application and paying taxes is 35 days after the property tax delinquency date.
To avoid penalty and interest, total tax must be paid by delinquency date.

80. HAVE YOU RECEIVED TAX RELIEF IN TENNESSEE BEFORE? NO YES

IF YES, GIVE COUNTY NAME _____

81. Comments: (Please Print)

82. Certification by Collecting Official:

I 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 penalty and 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.

City Collecting Official: *Marie Kirk Owens* Trustee or _____

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

83. APPLICATION DATE:	84. APPLICANT'S SIGNATURE:	85. SPOUSE'S/CO-OWNER'S/RESIDENT REMAINDER'S SIGNATURE:
□□/□□/20□□		

86. WITNESS TO SIGNATURE MARK - This is to certify that we have witnessed the signing of this application by:

Witness Address _____	Witness Address _____
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BATCH # (TRP Office Use Only)	DATE RECEIVED (TRP Office Use Only)
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