

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) <small>IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).</small>
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33. SOCIAL SECURITY NUMBER	34. MEDICARE CLAIM NUMBER	MED. CODE	35. BIRTH DATE MONTH DAY YEAR	36. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	37. TELEPHONE NUMBER () _____
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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: _____ <small>GIVE REASON FOR RELOCATION IN REMARKS</small>	48. THE INCOME LIMIT IS: \$26,830 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">ANNUAL 2010 INCOME APPLICANT</td> <td style="text-align: center;">SSA</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">SSI</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">RET/PEN</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">VA</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">WORKERS' COMP</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">SALARY/WAGES</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">DIV/INT</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">OTHER</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">TOTAL</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	ANNUAL 2010 INCOME APPLICANT	SSA	\$ _____	\$ _____		SSI	\$ _____	\$ _____		RET/PEN	\$ _____	\$ _____		VA	\$ _____	\$ _____		WORKERS' COMP	\$ _____	\$ _____		SALARY/WAGES	\$ _____	\$ _____		DIV/INT	\$ _____	\$ _____		OTHER	\$ _____	\$ _____		TOTAL	\$ _____	\$ _____
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	DIV/INT	\$ _____	\$ _____																																			
	OTHER	\$ _____	\$ _____																																			
	TOTAL	\$ _____	\$ _____																																			

39. PROPERTY CITY	TN	40. ZIP CODE _____ - 0000
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41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)	46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES LEASE TERM _____ (IN MONTHS) <small>GIVE REASON FOR USE IN REMARKS</small>
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42. MAILING CITY	43. STATE	44. COUNTRY	45. ZIP CODE _____ - 0000
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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	ARE YOU MARRIED? - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES - COMPLETE BLOCKS 48, 49-55 AND 85 OR COMPLETE F-10 FORM <small>SPOUSAL INFORMATION IS REQUIRED REGARDLESS OF OWNERSHIP OR RESIDENCY.</small>	
52. SOCIAL SECURITY NUMBER	53. MEDICARE CLAIM NUMBER	MED. CODE	54. BIRTH DATE MONTH DAY YEAR	55. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

GRAND TOTAL \$ _____

