

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

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

<b>29. LAST NAME</b>	<b>30. FIRST NAME</b>	<b>31. MI</b>	<b>32. ADDITIONAL OWNER(S)</b> <small>IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).</small>
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<b>33. SOCIAL SECURITY NUMBER</b>	<b>34. MEDICARE CLAIM NUMBER</b>	<b>MED. CODE</b>	<b>35. BIRTH DATE</b> MONTH DAY YEAR	<b>36. GENDER</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<b>37. TELEPHONE NUMBER</b> ( ) -
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<b>38. PROPERTY ADDRESS (STREET, OR A ROUTE WITH BOX NO.)</b>	<b>47. APPLICANT LOCATION - CHOOSE 1</b> <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:	<b>48. THE INCOME LIMIT IS: \$26,830</b>  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"/> <input type="checkbox"/> <b>GRAND TOTAL \$</b>
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<b>39. PROPERTY CITY</b>	<b>40. ZIP CODE</b>	<b>46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY</b> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> GIVE REASON FOR USE IN REMARKS
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<b>41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)</b>	<b>45. ZIP CODE</b>
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<b>42. MAILING CITY</b>	<b>43. STATE</b>	<b>44. COUNTRY</b>	<b>45. ZIP CODE</b>
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<b>49. <input type="checkbox"/> CO-OWNER'S LAST NAME    <input type="checkbox"/> SPOUSE'S LAST NAME <input type="checkbox"/> RESIDENT REMAINDER'S LAST NAME</b>	<b>50. FIRST NAME</b>	<b>51. MI</b>
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<b>52. SOCIAL SECURITY NUMBER</b>	<b>53. MEDICARE CLAIM NUMBER</b>	<b>MED. CODE</b>	<b>54. BIRTH DATE</b> MONTH DAY YEAR	<b>55. GENDER</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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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:		MONTH DAY YEAR		RESIDENTIAL ONLY								
<input type="checkbox"/> Applicant <input type="checkbox"/> County												
\$												
73. CITY TAX		74. DATE TAXES PAID		75. 25% ASSESSMENT		76. TAX RATE		77. RECEIPT #			78. TAX BILL AMOUNT	
ISSUE PAYMENT TO:		MONTH DAY YEAR		RESIDENTIAL ONLY								
<input type="checkbox"/> Applicant <input type="checkbox"/> City												
\$												

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

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.

Trustee or \_\_\_\_\_

City Collecting Official: \_\_\_\_\_

81. Comments: (Please Print)

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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: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

84. APPLICANT'S SIGNATURE: \_\_\_\_\_

85. SPOUSE'S/CO-OWNER'S/RESIDENT REMAINDER'S SIGNATURE: \_\_\_\_\_

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

Witness Address \_\_\_\_\_

Witness Address \_\_\_\_\_

BATCH # (TRP Office Use Only)	DATE RECEIVED (TRP Office Use Only)