

| | | | | | | | | | | | |
|---|--------|---------------------|----------------------------|--------------------|------------------|--|--------|-----------------------|----------|---------------------|----------|
| 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 | | | |
| | | | | | | 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 | | | | | |
| 80. DID YOU RECEIVE TAX RELIEF IN ANOTHER COUNTY OR PROPERTY EXEMPTION IN ANOTHER STATE? | | | | | | YES | | NO | | | |
| IF YES, PROVIDE COMPLETE ADDRESS: _____ | | | | | | | | | | | |
| 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. | | | | | |
| DID YOU FILE A FEDERAL TAX RETURN FOR 2017? YES NO | | | | | | 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. | | | | | |
| ALTERNATE CONTACT INFORMATION: | | | | | | Trustee or City Collecting Official: | | | | | |
| NAME: _____ PHONE: () _____ | | | | | | | | | | | |
| 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 _____ | | | |

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.



Tenn. Code Ann. § 67-5-701 through 67-5-704

CT-0067 REV. 5/2018

ALL Applications must be dated and signed

RDA SW25

TAX YEAR 2018 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION (DV)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------|-------|---|--------------------|--|--|---------------------|--|---|--|--|--|--|----|----|-----|----|----|---------|----|----|----|----|----|---------------|----|----|--------------|----|----|---------|----|----|-------|----|----|-------|----|----|
| 1. OWNERSHIP - CHOOSE 1 <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS <small>SUBMIT RECEIPT. 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 IF YES, ATTACH TITLE OR BOS. | | | COUNTY TAXES PAID BY MORTGAGE COMPANY. PAY APPLICANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 () - - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 GIVE REASON FOR RELOCATION IN REMARKS YEAR RELOCATED: | | | 48. THE INCOME LIMIT IS: Elderly and Disabled Homeowners \$29,270 ANNUAL 2017 INCOME APPLICANT SP/CO/RM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39. PROPERTY CITY | | | | | 40. ZIP CODE | | | IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ENTER YEARLY AMOUNT IN "OTHER" INCOME - BLOCK 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY) | | | | | 46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary GIVE REASON FOR USE IN REMARKS | | | <table border="0" style="width: 100%;"> <tr> <td>SSA</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>SSI</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>RET/PEN</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>VA</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>WORKERS' COMP</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>SALARY/WAGES</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>DIV/INT</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>OTHER</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>TOTAL</td> <td>\$</td> <td>\$</td> </tr> </table> NO INCOME <input type="checkbox"/> <input type="checkbox"/> | | | | | SSA | \$ | \$ | SSI | \$ | \$ | RET/PEN | \$ | \$ | VA | \$ | \$ | WORKERS' COMP | \$ | \$ | SALARY/WAGES | \$ | \$ | DIV/INT | \$ | \$ | OTHER | \$ | \$ | TOTAL | \$ | \$ |
| SSA | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSI | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RET/PEN | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORKERS' COMP | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SALARY/WAGES | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIV/INT | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42. MAILING CITY | | | 43. STATE | 44. COUNTRY | | | 45. ZIP CODE | | | GRAND TOTAL \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 SPOUSAL INFORMATION IS REQUIRED REGARDLESS OF OWNERSHIP OR RESIDENCY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |