

2020 DV APPLICATION

State of Tennessee Property Tax Relief Program

APPLICATION DATE

 / /

CLASSIFICATION

Elderly Disabled Disabled Veteran Widow(er) of Disabled Veteran

JURISDICTION

NAME

DATE TAXES PAID

RECEIPT NUMBER

ISSUE PAYMENT TO

COUNTY

/ /

APPLICANT COUNTY

CITY

/ /

APPLICANT CITY

APPLICANT

Last Name

First Name

MI

SSN

 - -

Gender

MALE

FEMALE

DOB

 / /

APPLICANT'S INCOME

(Only Elderly & Disabled Homeowners)

Did you file a Federal Tax Return in 2019? YES NO

NO INCOME IN 2019

INCOME LIMIT- \$30,700

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

TOTAL 2019 INCOME

PROPERTY

Address

City

, TN Zip

Phone () -

MAILING

My mailing address is:

Mailing Address

PERMANENT

TEMPORARY

City

, State

Zip

Country

Alternate Contact Name

Phone () -

Relationship

PROPERTY TYPE :

HOME

MOBILE HOME

MOBILE HOME ON SOMEONE ELSE'S LAND

COMMERCIAL

RESIDENCY

Do you live on this property? YES NO

Are you relocated? YES NO

Month and Year of Relocation

 /

Reason for Relocation

Is your property rented? YES NO

Did you receive tax relief on another property in Tennessee or property tax exemption in another state in 2020?

YES NO

If YES, provide complete address:

City , State Zip

OTHER PARTIES

Select one type: CO-OWNER SPOUSE RESIDENT REMAINDER

Is the property co-owned? YES NO

Is the applicant married? YES NO

Is there a life estate? YES NO

If YES, is the remainder living on the property? YES NO

Last Name

First Name MI

SSN - -

Gender MALE FEMALE

DOB / /

FOR ADDITIONAL PARTIES, COMPLETE AND TRANSMIT F-10 FORM.

DECEASED OWNER Name Year Deceased

Relationship: SPOUSE PARENT SIBLING OTHER

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 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.

COLLECTING OFFICIAL'S SIGNATURE

2nd PARCEL ID

COMMENTS

ALL SIGNATURES

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

APPLICANT'S SIGNATURE

SPOUSE / CO-OWNER / RESIDENT REMAINDER SIGNATURE

WITNESS TO SIGNATURE MARK Witness Address

This is to certify that we have witnessed the signing of this application by. Witness Address

OTHER PARTIES INCOME

(Only Elderly & Disabled Homeowners)

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INCOME LOSS (-)

TOTAL 2019 INCOME



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

Division of Property Assessments

CT-0067 Rev. 2/2020

