TAX YEAR 2014 STATE OF TENNESSEE PROPERTY TAX FREEZE APPLICATION

*** CITY OF MEMPHIS *** *PRINT IN BLACK OR BLUE INK ONLY* *** RECERTIFICATION ***

IS APPLICANT CURRENTLY RECEIVING PROPERTY TAX RELIEF FOR THE ELDERLY? ☐ NO – COMPLETE BOXES 1 – 34 ☐ YES APPLICATION# _____ ATTACH COPY OF CURRENT YEAR ACV OR DV AND SKIP TO BOX 32	1. OWNERSHIP – CHOOSE ONE ☐ SOLE OWNER ☐ CO-OWNERS IF APPLICANTS NAME IS NOT ON PROPERTY TAX RECEIPT, ATTACH OWNERSHIP EVIDENCE	2. LIFE ESTATE – CHOOSE ONE IF APPLICABLE ☐ NO ☐ YES IS REMAINDER LIVING ON PROPERTY? ☐ NO ☐ YES – PROVIDE INCOME AND COMPLETE 26 - 27	3. MOBILE HOME ☐ NO ☐ YES IF YES ATTACH TITLE OR BILL OF SALE

4. COUNTY #	5. CITY #	6. DI	7. MAP	8. GROUP	9. CNTL MAP	10. PARCEL	11. PI	12. SI
079	479							

13. LAST NAME	FIRST NAME	MI	14. ADDITIONAL OWNER SHOULD BE LISTED IN BOX 26 ☐ IF MORE THAN TWO OWNERS, LIST IN REMARKS (BOX 31)

15. SOCIAL SECURITY NUMBER	16. BIRTH DATE *MONTH* *DAY* *YEAR*	17. TELEPHONE NUMBER ( )

18. STREET ADDRESS OF PRINCIPAL RESIDENCE (STREET, OR ROUTE WITH BOX NO.)

19. CITY OF PRINCIPAL RESIDENCE	20. ZIP CODE
TN	

21. MAILING ADDRESS IF DIFFERENT FROM ADDRESS OF PRINCIPAL RESIDENCE (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)

22. MAILING CITY	23. STATE	24. ZIP CODE

25. MAILING ADDRESS STATUS: **FOR BLOCKS 21 – 24 ONLY** ☐ PERMANENT ☐ TEMPORARY GIVE REASONS IN REMARKS (BOX 31)

26. ☐ CO – OWNER ☐ SPOUSE LAST NAME FIRST NAME MI
☐ RESIDENT REMAINDER

27. SOCIAL SECURITY NUMBER BIRTH DATE *MONTH* *DAY* *YEAR*

28. INCOME LIMIT is $37,160

ANNUAL 2013 INCOME	APPLICANT	CO – OWNER / SPOUSE
SSA	$	$
SSI	$	$
RET/PEN	$	$
VA	$	$
WORKERS' COMP	$	$
SALARY/WAGES	$	$
DIV/INT	$	$
OTHER	$	$
ADJUSTMENTS	$ -	$ -
TOTAL	$	$
	NO INCOME ☐	☐

GRAND TOTAL $_____

29. APPLICANT LOCATION – CHOOSE ONE

☐ LIVING ON PROPERTY

☐ NOT LIVING ON PROPERTY

- ○ IN NURSING HOME
- ○ AT RELATIVE'S HOME
- ○ OTHER

YEAR RELOCATED: _____

GIVE REASON FOR RELOCATION IN REMARKS (BOX 31)

IS HOUSE RENTED? ☐ NO ☐ YES

30. DECEASED OWNERS:

LAST NAME	FIRST NAME	RELATION	YEAR OF DEATH
1. _____	_____	☐ SPOUSE ☐ SIBLING ☐ PARENT ☐ OTHER	_____
2. _____	_____	☐ SPOUSE ☐ SIBLING ☐ PARENT ☐ OTHER	_____
3. _____	_____	☐ SPOUSE ☐ SIBLING ☐ PARENT ☐ OTHER	_____

31. Remarks: (Please Print) Attach additional sheet if necessary

_____

_____

I certify this information to be correct and understand I am subject to penalty and interest for intentionally providing false information. Any taxpayer, who knowingly provides false information concerning the taxpayer's income or other information relative to eligibility for such program, commits a Class A misdemeanor. For a period of 18 months, I voluntarily authorize the Social Security Administration, Internal Revenue Service, or anyone, to release my social security number, name, date of birth, disability status, and income to the Property Tax Freeze Program. I certify that the property for which the tax freeze is sought is my principal residence for voting purposes and that I have not submitted another property as my principal residence for any purpose in the jurisdiction, the State of Tennessee or any other state.

32. APPLICATION DATE:

_____/_____ 20____

_____
APPLICANT'S SIGNATURE

_____
CO-OWNER /SPOUSE/ RESIDENT REMAINDER SIGNATURE

33. WITNESS TO SIGNATURE MARK – This is to certify that we have witnessed the signing of this application by: _____
Applicant's Name

Witness _____ Address _____

Witness _____ Address _____

34. **Certification by Collecting Official:**

I certify that I have exercised reasonable care in reviewing documentation provided by the applicant or other sources and am satisfied that:

a) The applicant meets the age requirements of the program,
b) The applicant owns the residence for which application is made; and
c) The income from all owners of the property meets the income requirements of the program

I assert that I have exercised reasonable care and am satisfied the applicant understood that intentionally providing false information could result in the required repayment of any tax savings, plus penalty and interest charges.

I further assert that I detect no condition in this application which would necessitate any documentation from this applicant in addition to that submitted.

Base Tax Year: _____

Trustee ☐

City Collecting Official ☐

Base Tax Freeze Amount: _____

Base Tax Year Tax Rate: _____

_____ _____
Signature Date

FOR OFFICIAL USE ONLY

Total Assessed Value: _____

Total Parcel Size: _____

Property Use: _____

_____ _____
Determined By Date

Property Split: Frozen _____ Other _____