

TAX YEAR 2014 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 SHELBY <input type="checkbox"/> 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		
079	479												
16. COUNTY TAX ISSUE PAYMENT TO: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> County \$		17. DATE TAXES PAID MONTH DAY YEAR RESIDENTIAL ONLY		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 RESIDENTIAL ONLY		24. 25% ASSESSMENT RESIDENTIAL ONLY		25. TAX RATE 3.40		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.) (PRINCIPLE RESIDENCE)					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:			48. THE INCOME LIMIT IS: \$28,270 ANNUAL 2013 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"/>					
39. PROPERTY CITY				40. ZIP CODE				GIVE REASON FOR RELOCATION IN REMARKS IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES LEASE TERM (IN MONTHS)					
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"/>			GIVE REASON FOR USE IN REMARKS					
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"/>					

COMPLETE BLOCKS 56-78 ONLY WHEN APPLICANT HAS TWO (2) RECEIPTS ON WHICH TAX RELIEF IS TO BE PAID. EXAMPLE: MOBILE HOME / LAND SPLIT, OR COUNTY / CITY

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			
80. HAVE YOU RECEIVED TAX RELIEF IN TENNESSEE BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES						81. Comments: (Please Print)						
IF YES, GIVE COUNTY NAME: _____						_____						
82. Certification by Collecting Official:						DID YOU FILE A FEDERAL TAX RETURN FOR 2013? <input type="checkbox"/> YES <input type="checkbox"/> NO						
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.						_____						
<input type="checkbox"/> Trustee or _____						_____						
<input type="checkbox"/> City Collecting Official: _____						_____						
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 _____		Witness _____		_____		
NOTE: Signature mark requires two witnesses.						Address _____		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.



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