

TAX YEAR 2015 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION (DV)

VETERAN / WIDOW(ER)

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 <h2 style="margin: 0;">SHELBY</h2>															
4. COUNTY # 0 7 9		5. CITY # 4 7 9		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"/> NEW <input type="checkbox"/> RELOCATED IN 2015 ENTER COMMENTS <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 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: \$60,000 IF APPROVED FOR TAX RELIEF IN 2014, NO INCOME REQUIRED ANNUAL 2014 INCOME APPLICANT SP/CO/IRM									
39. PROPERTY CITY										40. ZIP CODE TN - 0000				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 COMMENTS									
42. MAILING CITY										43. STATE		44. COUNTRY		45. ZIP CODE									
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"/>											
GRAND TOTAL \$																							

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: <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. 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 2014? <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:						RELOCATED - PREVIOUS ADDRESS: _____						
(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 and veterans 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 _____						
Address _____						Address _____						
NOTE: Signature mark requires two witnesses.												

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.

T.C.A. 67-5-701 through 67-5-704

DATE RECEIVED (TRP Office Use Only)

