



30. DECEASED OWNERS:

LAST NAME	FIRST NAME	RELATION	YEAR OF DEATH
1. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	_____
2. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	_____
3. _____	_____	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <input type="checkbox"/> 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: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ 200\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
CO-OWNER/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 \_\_\_\_\_