

2023 DV APPLICATION

State of Tennessee Property Tax Relief Program

APPLICATION DATE

CLASSIFICATION _____
Elderly Disabled Disabled Veteran Widw(er) of Disabled Veteran

JURISDICTION	NAME	DATE TAXES PAID	RECEIPT NUMBER	ISSUE PAYMENT TO
COUNTY		/ /		APPLICANT COUNTY
CITY		/ /		APPLICANT CITY

Tax payment late due to mobile home park or mortgage company YES NO

APPLICANT

Last Name MI

First Name

SSN

Gender MALE FEMALE

DOB

APPLICANT'S INCOME
(Only Elderly & Disabled Homeowners)

Did you file a 2022 Federal Tax Return? YES NO

NO INCOME IN 2022

INCOME LIMIT - \$33,460

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

PROPERTY

Parcel ID

Address

City TN Zip

Phone () -

TOTAL 2022 INCOME

MAILING

My mailing address is:

PERMANENT TEMPORARY

PROVIDE REASON IN COMMENTS

Mailing Address, if different than property address

City State Zip Country

Alternate Contact Name

Relationship

Phone () -

RESIDENCY

PROPERTY TYPE: HOME MOBILE HOME MOBILE HOME ON SOMEONE ELSE'S LAND COMMERCIAL

HOME ON PARCEL WITH MULTIPLE RESIDENCES

Do you live on this property? YES NO Are you relocated? YES NO

Month and Year of Relocation

Reason for Relocation

Did you receive tax relief on another property in Tennessee or property tax exemption in another state in the current tax year? YES NO

If YES, provide complete address:

Property Address

City State Zip County

Is your property rented? YES NO

OTHER PARTY'S INCOME
(Only Elderly & Disabled Homeowners)

Did you file a 2022 Federal Tax Return? YES NO

NO INCOME IN 2022

INCOME LIMIT - \$33,460

SSA BENEFITS _____

SSI BENEFITS _____

RETIREMENT / PENSION _____

VETERAN'S BENEFITS _____

WORKER'S COMP _____

WAGES & SALARIES _____

DIVIDENDS & INTEREST _____

OTHER INCOME _____

RENTAL INCOME _____

INCOME LOSS (-) _____

TOTAL 2022 INCOME _____

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

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

This is to certify that we have witnessed the signing of this application by:

Witness Signature and Address _____

Witness Signature and Address _____



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

Division of Property Assessments

CT-0067 Rev. 5/2023

