

TAX YEAR 2019 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 <small>IF YES, ATTACH TITLE OR BOS.</small>		COUNTY <h2 style="margin: 0;">SHELBY</h2> <small>TAXES PAID BY MORTGAGE COMPANY. PAY APPLICANT</small>																								
4. COUNTY # 079	5. CITY # 479	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"/> ELDERLY <input type="checkbox"/> DISABLED HOMEOWNER <input type="checkbox"/> DISABLED VETERAN (F-16) <input type="checkbox"/> WIDOW/ER 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 3.195986		26. RECEIPT #		27. TAX BILL AMOUNT																					
29. LAST NAME				30. FIRST NAME				31. MI	32. ADDITIONAL OWNER(S) 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.)						47. APPLICANT LOCATION - CHOOSE 1 <input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY GIVE REASON FOR RELOCATION IN REMARKS YEAR RELOCATED:		48. THE INCOME LIMIT IS: Elderly and Disabled Homeowners \$29,860 ANNUAL 2018 INCOME APPLICANT SPO/CO/RM																							
								<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>SSA</th> <th>SSI</th> <th>RET/PEN</th> <th>VA</th> <th>WORKERS' COMP</th> <th>SALARY/WAGES</th> <th>DIV/INT</th> <th>OTHER</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>					SSA	SSI	RET/PEN	VA	WORKERS' COMP	SALARY/WAGES	DIV/INT	OTHER	TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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\$	\$	\$	\$	\$	\$	\$	\$	\$	\$																						
39. PROPERTY CITY			40. ZIP CODE			IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, ENTER YEARLY AMOUNT IN "OTHER" INCOME - BLOCK 48		NO INCOME <input type="checkbox"/> <input type="checkbox"/> GRAND TOTAL \$																							
41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)						46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary GIVE REASON FOR USE IN REMARKS																									
42. MAILING CITY			43. STATE TN	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"/>																							

COMPLETE BLOCKS 56-73 ONLY WHEN APPLICANT HAS TWO (2) RECEIPTS ON WHICH TAX RELIEF IS TO BE PAID. *EXAMPLE: CONTIGUOUS PARCELS, MOBILE HOME / LAND SPLIT, OR COUNTY / CITY SPLIT.*

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		Deadline for taking application and paying taxes is 35 days after the property tax delinquency date. To avoid interest, total tax must be paid by delinquency date.		
					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. DID YOU RECEIVE TAX RELIEF ON ANOTHER ADDRESS OR PROPERTY EXEMPTION IN ANOTHER STATE IN THE CURRENT TAX YEAR? YES NO											
IF YES, PROVIDE COMPLETE ADDRESS: _____											
81. Comments: (Please Print)						82. 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 penalty and interest charges in addition to immediate repayment of any tax relief received for years in which false information was provided.					
DID YOU FILE A FEDERAL TAX RETURN FOR 2018? YES NO						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.					
ALTERNATE CONTACT INFORMATION:						Trustee or JOHN PATRICK BLACK City Collecting Official: CITY TREASURER					
NAME: _____ PHONE: () _____						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 could be 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:			
/ / 2 0				_____				_____			
86. WITNESS TO SIGNATURE MARK - This is to certify that we have witnessed the signing of this application by:											
Witness Address _____						Witness Address _____					



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

CT-0067 REV. 4/2019

ALL Applications must be dated and signed

RDA SW25