

TAX YEAR 2018 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 <h2 style="text-align: center;">SHELBY</h2> <small>TAXES PAID BY MORTGAGE COMPANY. PAY APPLICANT</small>
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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
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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) <input type="checkbox"/> IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).
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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 () -
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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: <i>Elderly and Disabled Homeowners</i> \$29,270 ANNUAL 2017 INCOME APPLICANT SP/CO/RM
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39. PROPERTY CITY	40. ZIP CODE	41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)
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42. MAILING CITY	43. STATE	44. COUNTRY	45. ZIP CODE	46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary GIVE REASON FOR USE IN REMARKS
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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	48. THE INCOME LIMIT IS: (continued) SSA \$ \$ SSI \$ \$ RET/PEN \$ \$ VA \$ \$ WORKERS' COMP \$ \$ SALARY/WAGES \$ \$ DIV/INT \$ \$ OTHER \$ \$ TOTAL \$ \$ NO INCOME <input type="checkbox"/> <input type="checkbox"/> GRAND TOTAL \$
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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"/>	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.
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COMPLETE BLOCKS 56-78 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 penalty and 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 IN ANOTHER COUNTY OR PROPERTY EXEMPTION IN ANOTHER STATE?						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 2017? 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					
NAME: _____ PHONE: () _____						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 Address _____		Witness Address _____			



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

CT-0067 REV. 5/2018

ALL Applications must be dated and signed

RDA SW25