

# 2022 DV APPLICATION

## State of Tennessee Property Tax Relief Program

APPLICATION DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CLASSIFICATION

Elderly    Disabled    Disabled Veteran    Widow(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'S INCOME

(Only Elderly & Disabled Homeowners)

Did you file a Federal Tax Return in 2021?    YES    NO

NO INCOME IN 2021

**INCOME LIMIT- \$31,600**

- SSA BENEFITS
- SSI BENEFITS
- RETIREMENT / PENSION
- VETERAN'S BENEFITS
- WORKER'S COMP
- WAGES & SALARIES
- DIVIDENDS & INTEREST
- OTHER INCOME
- RENTAL INCOME
- INCOME LOSS (-)

**TOTAL 2021 INCOME**

\_\_\_\_\_

APPLICANT

Last Name

First Name

MI

SSN

-    -

Gender

MALE

FEMALE

DOB

/ /

PROPERTY

Address

City

TN Zip

Phone (    )

-

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

Phone (    )

-

Relationship

PROPERTY TYPE :    HOME    MOBILE HOME    MOBILE HOME ON SOMEONE ELSE'S LAND    COMMERCIAL  
HOME ON PARCEL WITH MULTIPLE RESIDENCES

RESIDENCY

Do you live on this property?    YES    NO

Are you relocated?    YES    NO

Month and Year of Relocation    /

Reason for Relocation

Is your property rented?    YES    NO

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:

City

State

Zip

**OTHER PARTIES**

Select one type: Is the property co-owned? YES NO

**CO-OWNER** Is the applicant married? YES NO

**SPOUSE** Is there a life estate? YES NO

**RESIDENT** If YES, is the remainder living on the property? YES NO

**REMAINDER**

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**

\_\_\_\_\_

**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

**COMMENTS**

2nd PARCEL ID

**OTHER PARTY'S INCOME**

( Only Elderly & Disabled Homeowners )

Did you file a Federal Tax Return in 2021 ? YES NO

NO INCOME IN 2021

**INCOME LIMIT- \$31,600**

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

**TOTAL 2021 INCOME**

\_\_\_\_\_



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

Division of Property Assessments

CT-0067 Rev. 5/2022

