



**PROPERTY TAX RELIEF PROGRAM
 CONSENT FOR RELEASE OF INFORMATION
 FROM THE DEPARTMENT OF VETERANS AFFAIRS**

F-16

<i>To be completed by jurisdiction and applicant</i>				For State Use: Date Transmitted
County # or City #	DV or ACV	Applicant #	Social Security #	VA Claim #
Last Name		First Name		Middle Initial

X _____ Date _____
 Signature or See Attached Application for Authority

I authorize the Department of Veterans Affairs, to release all information necessary to ascertain my status according to T.C.A. 67-5-704, including my percentage of disability and income, and to forward this information to the Property Tax Relief Program.

To be completed by the Nashville, TN Veterans Affairs Regional Office

Review of records from this office confirms the named veteran meets the following criteria defined in T.C.A. 67-5-704:			
A service-connected disability which resulted in paraplegia or permanent paralysis of both legs and lower body resulting from traumatic injury or disease to the spinal cord or brain; or loss, or loss of use, of two or more limbs, or legal blindness.			
A total and permanent disability rating from a service-connected disability.			
100 percent total and permanent disability rating from being a prisoner of war.			
Effective date of above rating:		Rating Date:	
A review of records from this office confirms the named veteran does not meet the criteria in T.C.A. 67-5-704. Record indicates the veteran receives VA benefits based on the following:			
IF VETERAN <u>DOES NOT</u> MEET CRITERIA IN T.C.A. 67-5-704, PLEASE COMPLETE SECTION BELOW			
Disability information for Veterans NOT meeting criteria in T.C.A. 67-5-704 above: Review of records from this office confirms the named veteran is rated permanently and totally disabled with <u>Annual VA</u> nonservice-connected pension benefits. Please provide 2015 calendar year income.			

 VA Representative Title Date

