

## TAX YEAR 2018 SENIOR TAX FREEZE APPLICATION—KNOX COUNTY TRUSTEE

|  |                 |  |   |  |   |   |
|--|-----------------|--|---|--|---|---|
| <b>PARCEL ID:</b>  |                 | <b>OWNERSHIP</b>   | <b>LIFE ESTATE</b>  | <b>REMAINDER ON PROPERTY</b>   | <b>MOBILE HOME</b>  | Did you file a 2017 federal tax return?<br><br><input type="checkbox"/> <b>YES</b> – provide copy<br><br><input type="checkbox"/> <b>NO</b> I was not required based on my filing status, age, category, or income as outlined by the IRS. I will provide proof of all 2017 income.<br><br>Applicant Initials _____ |
|  |                 | <input type="checkbox"/> SOLE<br><input type="checkbox"/> CO-OWNER | <input type="checkbox"/> NO<br><input type="checkbox"/> YES | <input type="checkbox"/> NO<br><input type="checkbox"/> YES/Complete Co-Owner Info             | <input type="checkbox"/> No<br><input type="checkbox"/> Yes (Copy of Title) |   |
| LAST NAME, FIRST NAME, MIDDLE  |                 | SOCIAL SECURITY #  | DATE OF BIRTH   | PHONE NUMBER   |   |   |
| STREET ADDRESS   |                 | CITY   | ZIP   | APPLICANT LOCATION   | MAILING STATUS  |   |
|  |                 | , TN   |   | <input type="checkbox"/> LIVING ON PROPERTY<br><input type="checkbox"/> NOT LIVING ON PROPERTY | <input type="checkbox"/> PERMANENT<br><input type="checkbox"/> TEMPORARY    |   |
| MAILING ADDRESS IF DIFFERENT   | MAILING CITY/ST | ZIP  | IN CARE OF:   |  |   |   |
| SPOUSE/CO-OWNER/RESIDENT REMAINDER INFO                                      |                 | <b>DECEASED OWNERS</b>   |   |  |   |   |
| LAST NAME, FIRST NAME, MIDDLE  |                 | FIRST NAME   | LAST NAME   | YEAR OF DEATH: _____   |   |   |
|  |                 |  |   | <input type="checkbox"/> SPOUSE  | <input type="checkbox"/> SIBLING  |   |
|  |                 |  |   | <input type="checkbox"/> PARENT  | <input type="checkbox"/> OTHER  |   |
| SOCIAL SECURITY #  | DATE OF BIRTH   | FIRST NAME   | LAST NAME   | YEAR OF DEATH: _____   |   |   |
|  |                 |  |   | <input type="checkbox"/> SPOUSE  | <input type="checkbox"/> SIBLING  |   |
| Spousal information is <b>required</b> regardless of ownership or residency. |                 |  |   | <input type="checkbox"/> PARENT  | <input type="checkbox"/> OTHER  |   |

(Last Name, First Name)

### INCOME FROM PREVIOUS YEAR 2017 (*NOT 2018*) (ATTACH COPIES OF INCOME PROOF)

|                    | APPLICANT | CO-OWNER/SPOUSE | PROOF                    |                   | APPLICANT | CO-OWNER/SPOUSE | PROOF                    |
|--------------------|-----------|-----------------|--------------------------|-------------------|-----------|-----------------|--------------------------|
| SOCIAL SECURITY    | \$        | \$              | <input type="checkbox"/> | WORKERS' COMP     | \$        | \$              | <input type="checkbox"/> |
| SSI BENEFITS       | \$        | \$              | <input type="checkbox"/> | SALARY / WAGES    | \$        | \$              | <input type="checkbox"/> |
| RETIREMENT/PENSION | \$        | \$              | <input type="checkbox"/> | DIVIDEND/INTEREST | \$        | \$              | <input type="checkbox"/> |
| VETERANS BENEFITS  | \$        | \$              | <input type="checkbox"/> | OTHER INCOME      | \$        | \$              | <input type="checkbox"/> |

**2017 GROSS COMBINED INCOME LIMIT IS \$39,330 TO QUALIFY FOR 2018 SENIOR TAX FREEZE**

On Tax Relief? \_\_\_\_\_ (Y/N)

**TOTAL COMBINED INCOME**  
\$ \_\_\_\_\_

**ALTERNATE PHONE** \_\_\_\_\_ **ADDITIONAL NOTES:** \_\_\_\_\_

I certify this information to be correct and understand I am subject to penalty and interest for intentionally providing false information. Any taxpayer, who knowingly provides false information concerning the taxpayer's income or other information relative to eligibility for such program, commits a Class A misdemeanor. For a period of 18 months, I voluntarily authorize the Social Security Administration, Internal Revenue Service, or anyone, to release my social security number, name, date of birth, disability status, and income to the Property Tax Freeze Program. I certify that the property for which the tax freeze is sought is my principal residence for voting purposes and that I have not submitted another property as my principal residence for any purpose in the jurisdiction, the State of Tennessee, or any other state.

\*\* I understand that I must renew TAX FREEZE yearly. \*\*    \*\*INSTRUCTIONS ON BACK\*\*

APPLICATION DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

SPOUSE/CO-OWNER'S SIGNATURE \_\_\_\_\_

\* DEADLINE TO APPLY: April 5, 2019 \*

COLLECTING OFFICIAL'S SIGNATURE \_\_\_\_\_

DATE ENTERED INTO IDS \_\_\_\_\_

Approved    Rejected  
(circle one)