

2020 DV APPLICATION

State of Tennessee Property Tax Relief Program

1 APPLICATION DATE / /

CLASSIFICATION
 Elderly Disabled Disabled Veteran Widow(er) of Disabled Veteran

2 JURISDICTION **NAME** **DATE TAXES PAID** **RECEIPT NUMBER** **ISSUE PAYMENT TO**

COUNTY Knox (047) / / APPLICANT COUNTY

CITY Knoxville (386) (yes) (no) / / APPLICANT CITY

3 APPLICANT

Last Name

First Name MI

SSN - -

Gender MALE FEMALE

DOB / /

4 APPLICANT'S INCOME
(Only Elderly & Disabled Homeowners)

Did you file a Federal Tax Return in 2019? YES NO

NO INCOME IN 2019

INCOME LIMIT- \$30,700

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

TOTAL 2019 INCOME

5 PROPERTY

Address

City , TN Zip

Phone () -

Check here is property and mailing address are same

6 MAILING

My mailing address is:

PERMANENT

TEMPORARY

PROVIDE REASON IN COMMENTS

Mailing Address

City , State Zip Country

Alternate Contact Name Phone () -

Relationship

7 RESIDENCY

PROPERTY TYPE: HOME MOBILE HOME MOBILE HOME ON SOMEONE ELSE'S LAND COMMERCIAL

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 2020? YES NO

If YES, provide complete address:

City , State Zip

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OTHER PARTIES

Select one type:

- CO-OWNER
- SPOUSE
- RESIDENT REMAINDER

- Is the property co-owned? YES NO
- Is the applicant married? YES NO
- Is there a life estate? YES NO
- If YES, is the remainder living on the property? YES NO

Last Name _____

First Name _____ MI _____

SSN _____ - _____ - _____

Gender MALE FEMALE

DOB ____ / ____ / ____

FOR ADDITIONAL PARTIES, COMPLETE AND TRANSMIT F-10 FORM.

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DECEASED OWNER

Name _____ Year Deceased _____

Relationship: SPOUSE PARENT SIBLING OTHER

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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

9 OTHER PARTIES INCOME

(Only Elderly & Disabled Homeowners)

Did you file a Federal Tax Return in 2019? YES NO

NO INCOME IN 2019

INCOME LIMIT- \$30,700

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

TOTAL 2019 INCOME _____

2nd PARCEL ID _____

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COMMENTS

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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

X _____

SPOUSE / CO-OWNER / RESIDENT REMAINDER SIGNATURE

X _____

WITNESS TO SIGNATURE MARK

This is to certify that we have witnessed the signing of this application by:

Witness Address

Witness Address



Deadline April 5, 2021

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

Division of Property Assessments

CT-0067 Rev. 2/2020

