

2025 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

MORTGAGE CO PAID?

ISSUE PAYMENT TO

COUNTY

/ /

YES

NO

APPLICANT

COUNTY

CITY

/ /

YES

NO

APPLICANT

CITY

Tax payment late due to mobile home park or mortgage company YES NO

APPLICANT

Last Name

First Name

MI

SSN

Gender

MALE

FEMALE

DOB

APPLICANT'S INCOME

(Only Elderly & Disabled Homeowners)

NO INCOME IN 2024

INCOME LIMIT - \$37,530

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

TOTAL 2024 INCOME

PROPERTY

Parcel ID

Address

City

TN Zip

USPS does not forward Tax Relief checks. If relocated, provide mailing address and reason

MAILING

My mailing address is:

PERMANENT

TEMPORARY

PROVIDE REASON
IN COMMENTS

Mailing Address,

if different than
property address

City

State

Zip

County

CONTACT
INFO.

Applicant Phone

Applicant Email

Alternate
Contact Name

Alternate
Contact Phone

Alternate
Contact Email

PROPERTY TYPE:

HOME

MOBILE HOME

MOBILE HOME ON SOMEONE ELSE'S LAND

COMMERCIAL

HOME ON PARCEL WITH MULTIPLE RESIDENCES

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, applicant is ineligible for tax relief.

RESIDENCY

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.

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

Signature of two witnesses required if applicant is unable to sign their name and can only sign by making a mark:

Witness Signature and Address

Witness Signature and Address

OTHER PARTY'S INCOME

(Only Elderly & Disabled Homeowners)

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INCOME LIMIT - \$37,530

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TOTAL 2024 INCOME

2ND PARCEL ID

COMMENTS

