

TAX YEAR 2022 DAVIDSON COUNTY PROPERTY TAX FREEZE APPLICATION
PRINT IN BLACK OR BLUE INK ONLY

IS APPLICANT CURRENTLY RECEIVING PROPERTY TAX RELIEF FOR THE ELDERLY? NO - COMPLETE BOXES 1 - 28 YES APPLICATION# _____ ATTACH COPY OF CURRENT YEAR ACV OR DV AND SKIP TO BOX 28	1. OWNERSHIP - (CHOOSE ONE) SOLE OWNER _____ CO-OWNERS _____ IF APPLICANTS NAME IS NOT ON PROPERTY TAX RECEIPT, ATTACH OWNERSHIP EVIDENCE & ANY ADDITIONAL OWNER SHOULD BE LISTED IN BOX 19. <input type="checkbox"/> IF MORE THAN TWO OWNERS, LIST IN REMARKS (BOX 24).	2. LIFE ESTATE - (CHOOSE ONE IF APPLICABLE) NO _____ YES _____ IS REMAINDER LIVING ON PROPERTY? NO _____ YES - PROVIDE INCOME & COMPLETE 19 - 20 _____ 3. MOBILE HOME NO _____ YES _____ IF YES ATTACH TITLE OR BILL OF SALE																																						
4. COUNTY # 019	5. CITY #	6. MAP /PARCEL																																						
7. APPLICANT LAST NAME		APPLICANT FIRST NAME	MI	8. APPLICANT SOCIAL SECURITY NUMBER ____ - ____ - ____																																				
9. APPLICANT BIRTH DATE MONTH DAY YEAR __ - __ - ____		10. STREET ADDRESS OF PRIMARY RESIDENCE (STREET, OR ROUTE WITH BOX NO.)																																						
11. CITY OF PRIMARY RESIDENCE TN		12. ZIP CODE	13. TELEPHONE NUMBER ()																																					
14. MAILING ADDRESS IF DIFFERENT FROM ADDRESS OF PRIMARY RESIDENCE (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)																																								
15. MAILING CITY		16. STATE	17. ZIP CODE																																					
18. MAILING ADDRESS STATUS: FOR BLOCKS 14 - 17 ONLY <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY GIVE REASONS IN REMARKS (BOX 24)																																								
19. <input type="checkbox"/> CO - OWNER <input type="checkbox"/> SPOUSE <input type="checkbox"/> RESIDENT REMAINDER		LAST NAME	FIRST NAME	MI																																				
20. SOCIAL SECURITY NUMBER ____ - ____ - ____		21. BIRTH DATE MONTH DAY YEAR __ - __ - ____																																						
22. INCOME LIMIT \$45,090 ANNUAL 2021 INCOME <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;">APPLICANT NO INCOME <input type="checkbox"/></th> <th style="width:25%; text-align: center;">CO - OWNER NO INCOME <input type="checkbox"/></th> </tr> </thead> <tbody> <tr><td>SOCIAL SECURITY BENEFITS _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>SSI BENEFITS _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>RETIREMENT/PENSION _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>VETERAN BENEFITS _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>WORKERS COMPENSATION _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>SALARY/WAGES _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>DIVIDENDS/INTEREST _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>OTHER INCOME/IRA _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>ADJUSTMENTS _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>TOTAL _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td colspan="3" style="text-align: right;">GRAND TOTAL \$ _____</td></tr> </tbody> </table>				APPLICANT NO INCOME <input type="checkbox"/>	CO - OWNER NO INCOME <input type="checkbox"/>	SOCIAL SECURITY BENEFITS _____	\$ _____	\$ _____	SSI BENEFITS _____	\$ _____	\$ _____	RETIREMENT/PENSION _____	\$ _____	\$ _____	VETERAN BENEFITS _____	\$ _____	\$ _____	WORKERS COMPENSATION _____	\$ _____	\$ _____	SALARY/WAGES _____	\$ _____	\$ _____	DIVIDENDS/INTEREST _____	\$ _____	\$ _____	OTHER INCOME/IRA _____	\$ _____	\$ _____	ADJUSTMENTS _____	\$ _____	\$ _____	TOTAL _____	\$ _____	\$ _____	GRAND TOTAL \$ _____			23. APPLICANT LOCATION - CHOOSE ONE <input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY IN NURSING HOME AT RELATIVE'S HOME OTHER YEAR RELOCATED: _____ GIVE REASON FOR RELOCATION IN REMARKS (BOX 24) IS HOUSE RENTED? <input type="checkbox"/> NO <input type="checkbox"/> YES	
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TOTAL _____	\$ _____	\$ _____																																						
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24. Remarks: (Please Print) Attach additional sheet if necessary																																								

25. DECEASED OWNERS: LAST NAME	FIRST NAME	RELATION (INDICATE IF SPOUSE, SIBLING, PARENT OR OTHER)	YEAR OF DEATH
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

26. APPLICATION DATE: ____/____/20____

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 still meet the requirements of Tennessee's laws and rules that govern tax freeze or any other jurisdictional program.
- I understand that I must submit any and all information and documentation required of me in order to determine if I qualify for tax freeze, or any other jurisdictional program.
- I understand that if I fail to submit my application for tax freeze, or any other jurisdictional program on or before the jurisdiction's statutory application deadline, I will be ineligible to qualify.
- I understand that there is no right to appeal if I fail to submit my application for tax freeze, or any other jurisdictional program on or before the jurisdiction's statutory application deadline.

APPLICANT'S SIGNATURE

CO-OWNER/RESIDENT REMAINDER SIGNATURE

27. WITNESS TO SIGNATURE MARK – This is to certify that we have witnessed the signing of this application by: _____

Applicant's Name

Witness _____

Address _____

Witness _____

Address _____

28. CERTIFICATION BY COLLECTING OFFICIAL:

- The applicant meets the age requirements of the program,
- The applicant owns the residence for which application is made; and
- The income from all owners of the property meets the income requirements of the program

I assert that I have exercised reasonable care and am satisfied the applicant understood that intentionally providing false information could result in the required repayment of any tax savings, plus penalty and interest charges.

I further assert that I detect no condition in this application which would necessitate any documentation from this applicant in addition to that submitted.

Trustee

City Collecting Official

Base Tax Year: _____

Base Tax Freeze Amount: _____

Base Tax Year Tax Rate: _____

Erica S Gilmore

Signature

Date

FOR OFFICIAL USE ONLY

Total Assessed Value: _____

Total Parcel Size: _____

Property Use: _____

Property Split: Frozen _____ Other _____

Determined By

Date