

TAX YEAR 2010—SHELBY COUNTY TRUSTEE TAX FREEZE APPLICATION

<p>Internal Use Only Is applicant currently receiving property tax relief for the <u>elderly</u>?</p> <p><input type="checkbox"/> NO-Complete Boxes 1-25 <input type="checkbox"/> YES</p> <p>Application # _____ Attach copy of current year ACV or DV and skip to Box 24</p>	<p>1. Ownership—Choose One</p> <p align="center"><input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-Owners</p> <p>If Applicant's name is not on property tax receipt, attach ownership evidence</p>	<p>2. Life Estate—Choose one, if applicable</p> <p align="center"><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is remainder living on property?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes—Provide income and complete 18-19</p>	<p>3. Mobile Home</p> <p align="center"><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, attach title or bill of sale.</p>
4. Parcel #:			
5. LAST NAME FIRST NAME MI			6. Additional owner should be listed in box 18
			<input type="checkbox"/> If more than two owners, list in remarks (Box 23)
7. Social Security Number	8. Birth Date Month Day Year		9. Telephone Number ()
10. Street Address of Principal Residence (Street, or Route with Box No.)			
11. City of Principal Residence			12. Zip Code
13. Mailing address if different from address of principal residence (c/o Person's name, PO Box, or Route # ONLY)			
14. Mailing City	15. State	16. Zip Code	
17. Mailing Address Status: FOR BLOCKS 13-16 ONLY <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Give Reasons in Remarks (Box 23)			
18. <input type="checkbox"/> Co-Owner <input type="checkbox"/> Resident Remainder	Last Name	First Name	MI
19. Social Security Number (co-owner/resident remainder)	Birth Date Month Day Year		
20. Income Limit: \$35,270		21. Applicant Location—Choose One	
	Applicant	Co-Owner	<input type="checkbox"/> Living on Property
SSA _____	\$ _____	\$ _____	<input type="checkbox"/> Not Living on Property
SSI _____	\$ _____	\$ _____	<input type="radio"/> In nursing home
RET/PEN _____	\$ _____	\$ _____	<input type="radio"/> At relative's home
VA _____	\$ _____	\$ _____	<input type="radio"/> Other
WORKERS' COMP _____	\$ _____	\$ _____	Year Relocated: _____
SALARY/WAGES _____	\$ _____	\$ _____	Give Reason for relocation in Remarks (Box 23)
DIV/INT _____	\$ _____	\$ _____	Is house rented? <input type="checkbox"/> No <input type="checkbox"/> Yes
OTHER _____	\$ _____	\$ _____	
ADJUSTMENTS _____	\$ _____	\$ _____	
TOTAL _____	\$ _____	\$ _____	
	NO INCOME <input type="checkbox"/>	<input type="checkbox"/>	
	GRAND TOTAL \$ _____		

22. Deceased Owners

Last Name	First Name	Relation	Year of Death
1.		<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	_____
2.		<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	_____
3.		<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	_____

23. Remarks (Please Print) Attach additional sheet if necessary

I certify this information to be correct and understand I am subject to penalty and interest of 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 authorized 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.

24. Application Date _____ Applicant's signature

_____/_____/20____

Co-Owner/Resident Remainder Signature

25. 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 _____

FOR OFFICIAL USE ONLY

Certification by Shelby County Trustee: I certify that I have exercised reasonable care in reviewing documentation provided by the applicant or other sources and am satisfied that:

- a) The applicant meets the age requirements of the program,
- b) The applicant owns the residence for which application is made; and
- c) 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.

Base Tax Year: _____

Base Tax Freeze Amount: _____

Base Tax Year Tax Rate: _____

Shelby County Trustee

Date

Total Assessed Value: _____ Total Parcel Size: _____

Property Split: _____ Property Use: _____

Other: _____

Determined By

Date