

TAX YEAR 2009 - SHELBY COUNTY TRUSTEE TAX FREEZE APPLICATION

<p>Internal Use Only <u>incomeLim</u></p> <p>Is applicant currently receiving property tax relief for the <u>elderly</u>?</p> <p><input type="checkbox"/> NO-Complete Boxes 1-25</p> <p><input type="checkbox"/> YES</p> <p>Application # _____</p> <p>Attach copy of current year ACV or DV and skip to Box 24</p>	<p>1. Ownership - Choose One</p> <p><input type="checkbox"/> Sole Owner</p> <p><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</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is remainder living on property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes-Provide income and complete 18-19</p>	<p>3. Mobile Home</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If Yes, attach title or bill of sale.</p>
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4. Parcel #: _____

<p>5. LAST NAME FIRST NAME MI</p>	<p>6. Additional owner should be listed in box 18</p> <p><input type="checkbox"/> If more than two owners, list in remarks (Box23)</p>
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7. Social Security Number	8. Birthdate (mm/dd/yy)	9. Telephone Number
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10. Street Address of Principal Residence (Street, or Route with Box No.)

11. City of Principal Residence	12. Zip Code
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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
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17. Mailing Address Status: FOR BLOCKS 13-16 ONLY Permanent Temporary Give reasons in Remarks (Box 23)

18.	<input type="checkbox"/> Co-Owner <input type="checkbox"/> Resident Remainder	Last Name	First Name	MI
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19. Social Security Number: (co-owner/resident remainder) _____ Birthdate: (mm/dd/yy) _____

20. Income Limit: \$ 33,340	Annual 2008 Income	
	Applicant	Co-Owner
SSA	\$ _____	\$ _____
SSI	\$ _____	\$ _____
RET/PEN	\$ _____	\$ _____
VA	\$ _____	\$ _____
WORKER'S COMP	\$ _____	\$ _____
SALARY/WAGES	\$ _____	\$ _____
DIV/INT	\$ _____	\$ _____
OTHER	\$ _____	\$ _____
ADJUSTMENTS	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
	NO INCOME <input type="checkbox"/>	<input type="checkbox"/>
	GRAND TOTAL	\$ _____

21. Applicant Location - Choose One

Living on Property

Not Living on Property

In nursing home

At Relative's home

Other

Year Relocated: _____

Give Reason for relocation in Remarks (Box 23)

Is house rented?

No Yes