

**THIS APPLICATION IS FOR NEW RELIEF APPLICANTS ONLY!  
IF YOU WERE ON TAX RELIEF FOR THE 2021 OR 2022 TAX YEAR, PLEASE CONTACT  
OUR OFFICE FOR YOUR RENEWAL APPLICATION.**

**APPLICATION DATE**

Enter the date you are mailing in this application.

**CLASSIFICATION**

ELDERLY – The applicant must be 65 years or older as of the end of 2023.

DISABLED – The applicant must be considered disabled and not yet reached the age of 65 as of the end of 2023. If the applicant is considered disabled and is 65 or older, apply as Elderly.

DISABLED VETERAN – The applicant must be rated permanently and totally disabled as of the end of 2023.

WIDOW(ER) OF A DISABLED VETERAN – The applicant must have been married to a veteran at the time of their death who was rated permanently and totally disabled as of the end of 2023. The applicant cannot have remarried.

**\*\*\*Between CLASSIFICATION and APPLICANT is for internal use only. Please do not complete anything in this section.\*\*\***

**APPLICANT**

Enter the applicant's name, Social Security number, gender, and date of birth.

**APPLICANT'S INCOME**

Check yes or no according to if the applicant filed a tax return for 2022 income. Enter the applicant's 2022 income amounts in the appropriate boxes. Social Security income is after Medicare deductions. Include ALL income amounts, not just taxable income.

**PROPERTY**

Enter the address of the property for which you are applying for Tax Relief. The applicant must be an owner of the property and be using it as their primary address. Also, enter a valid phone number for the applicant.

**MAILING**

Provide the applicant's mailing address IF different from their primary address. Check to indicate if this mailing address is temporary or permanent. Provide a reason for using this alternate address in the 'Comments' section on page 2.

Enter the name, phone number, and relationship, for an alternate person to contact if we cannot contact the applicant. This is not required but encouraged.

## **RESIDENCY**

PROPERTY TYPE – Check if the property is a single-family residence (home), mobile home, etc.

Indicate if the applicant lives on the property. If No, enter the applicant's current address, date they relocated, reason, and if the property is being rented out.

\*\*\*Answer the question 'Did you receive tax relief on another property in Tennessee or property tax exemption in another state in the current tax year?' If yes, provide the address of the property receiving relief/exemption.\*\*\*

## **OTHER PARTIES**

Indicate if there are any co-owners (living on the property, or not), if the applicant is married, or if there is a life estate. If there is a life estate, indicate if any remainders are living on the property.

Provide the name, Social Security number, gender, and date of birth for all co-owners, spouses, or resident remainders.

## **OTHER PARTY'S INCOME**

If there are any co-owners, spouses, or resident remainders, check yes or no according to if they filed a tax return for 2022 income. Enter their 2022 income amounts in the appropriate boxes. Social Security income is after Medicare deductions. Include ALL income amounts, not just taxable income.

If there are more than one, please provide their information on a separate sheet of paper.

## **DECEASED OWNER**

Provide the name, year deceased, and relationship to the applicant, for any deceased owners that still appear on the tax bill. Include a copy of the deceased owner's death certificate if they have passed since 2019.

## **2<sup>nd</sup> PARCEL ID**

If the applicant owns a separate, connecting parcel, please give the parcel ID for the second parcel. This is very rare.

## **CERTIFICATION BY COLLECTING OFFICIAL**

\*\*\*SKIP THIS SECTION\*\*\*

## **COMMENTS**

Indicate here the reason for relocation or alternate mailing address. You can also use this section to provide any additional information that you feel we would need to know, that would aid in processing your Tax Relief application.

## **ALL SIGNATURES**

The applicant, co-owners, spouse, and resident remainders MUST sign the application. Witnesses are not necessary unless someone signs with a mark (signs with an 'X').

## PROVIDE WITH SIGNED APPLICATION

### All applicants

Provide a copy of your Driver's License/State issued ID and Social Security card.

### Elderly or Disabled

Provide a copy of your Medicare card and proof of your 2022 income.

Provide a copy of your 2022 tax return, if filed. If you did not file a tax return for 2022, provide proof of all your 2022 income. It is best to provide copies of your 2022 W-2s, 1099s, or other end of the year statements. You can also provide bank statements from 2022 showing proof of income.

Provide copies of Driver's License/State ID, Social Security card, and proof of 2022 income, for any co-owners, spouse, and resident remainder.

### Disabled Veteran or Widow(er) of a Disabled Veteran

You **do not** have to provide income information for yourself nor any others.

There is an additional form to sign for those applying as a Disabled Veteran (F16) or Widow(er) of a Disabled Veteran (F16-S). This form is available on our website, by calling 901-222-0200, or you can request one be mailed to you when submitting your application.

### Widow(er) of Disabled Veteran

Provide a copy of the veteran's death certificate.

## SUBMITTING YOUR APPLICATION

Applications **MUST** be postmarked or delivered to our office by April 5, 2024.

Mail applications:

SHELBY COUNTY TRUSTEE  
TAX RELIEF DEPARTMENT  
PO BOX 2751  
MEMPHIS, TN 38101-2751

Deliver in person to our lobby at 157 POPLAR AVENUE. We are on Poplar between 2<sup>nd</sup> Street and B.B. King (3<sup>rd</sup> Street). Business hours are 8:00 AM-4:30 PM, Monday thru Friday.

ALL County offices are closed April 4<sup>th</sup>.

# 2023 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

ISSUE PAYMENT TO

COUNTY

Shelby

/ /

APPLICANT  COUNTY

CITY

/ /

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)

Did you file a 2022 Federal Tax Return?  YES  NO

NO INCOME IN 2022

**INCOME LIMIT- \$33,460**

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

**TOTAL 2022 INCOME**

PROPERTY

Parcel ID

Address

City

TN Zip

Phone ( )

MAILING

My mailing address is:

PERMANENT

TEMPORARY

PROVIDE REASON IN COMMENTS

Mailing Address, if different than property address

City

State

Zip

Country

Alternate Contact Name

Phone ( )

Relationship

PROPERTY TYPE:

HOME

MOBILE HOME

MOBILE HOME ON SOMEONE ELSE'S LAND

COMMERCIAL

HOME ON PARCEL WITH MULTIPLE RESIDENCES

RESIDENCY

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, provide complete address:

Property Address

City

State

Zip

County

**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**

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

Witness Signature and Address

Witness Signature and Address

**COMMENTS**

2nd PARCEL ID

**OTHER PARTY'S INCOME**

( Only Elderly & Disabled Homeowners )

Did you file a 2022 Federal Tax Return?  YES  NO

NO INCOME IN 2022

**INCOME LIMIT- \$33,460**

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS ( - )

**TOTAL 2022 INCOME**



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

Division of Property Assessments

CT-0067 Rev. 5/2023

