

PROPERTY TAX FREEZE APPLICATION

COUNTY

CITY

IS APPLICANT CURRENTLY RECEIVING PROPERTY TAX RELIEF FOR THE ELDERLY?

NO - COMPLETE THIS FORM YES - ATTACH COPY OF CURRENT YEAR ACV OR DV AND COMPLETE "SIGNATURES" SECTION OF THIS FORM

PARCEL ID

Parcel ID ...OR... Control Map - Group - Parcel - Property Identifier - Special Interest

PROPERTY INFORMATION

Address

City State

Zip Code -

MAILING ADDRESS

Same as Property Address

Address Type: Permanent Temporary

Address

City State

Zip Code -

Country

RESIDENCY INFORMATION

Is property a mobile home? YES NO
If YES - provide Title or Bill of Sale

Is applicant living on property? YES NO

If NO - date of temporary relocation /
(mm/yyyy)

Reason for temporary relocation
Mailing address is required when applicant has temporarily relocated.

Is property rented? YES NO
If property is rented, the rental income must be entered into the "Rental Income" box.

APPLICANT PERSONAL INFORMATION

Last Name

First Name MI

Phone # - - SSN
(Last 4 digits)

Date of Birth / /
(mm/dd/yyyy)

Classification

OTHER PARTIES

Is property co-owned? YES NO

Is applicant married? YES NO

Is there a life estate? YES NO

If YES - is remainder living on property? YES NO

OTHER PARTIES' PERSONAL INFORMATION

Last Name

First Name MI

Phone # - - SSN
(Last 4 digits)

Date of Birth / /
(mm/dd/yyyy)

Classification: Co-Owner Spouse Remainder



APPLICANT ANNUAL INCOME FOR 2024

Applicant Claims No Income

Social Security Benefits

SSI Benefits

Retirement Pension/Benefits

Veteran's Benefits

Worker's Comp

Wages and Salaries

Dividends and Interest

Rental Income

Other Income

Income Loss (enter as a negative)

Include Income Loss only when required to bring Total Income below income limit.

Total Income:

OTHER PARTIES' ANNUAL INCOME FOR 2024

Other Party Claims No Income

Social Security Benefits

SSI Benefits

Retirement Pension/Benefits

Veteran's Benefits

Worker's Comp

Wages and Salaries

Dividends and Interest

Rental Income

Other Income

Income Loss (enter as a negative)

Include Income Loss only when required to bring Total Income below income limit.

Total Income:

DECEASED OWNERS

No Deceased Owners

First Name

Last Name

Relationship: Spouse Parent Sibling Other

Year Deceased

REMARKS

No Remarks

SIGNATURES

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.

APPLICATION DATE

APPLICANT'S SIGNATURE

 / /

SPOUSE / CO-OWNER / RESIDENT REMAINDER SIGNATURE

WITNESS TO SIGNATURE MARK Certification by signature of two witnesses is required if applicant is unable to sign their name and can only sign by making a mark:

Witness Signature	<input type="text"/>	Witness Address	<input type="text"/>
Witness Signature	<input type="text"/>	Witness Address	<input type="text"/>

Base Tax Year

Base Tax Freeze Amount

Base Tax Year Tax Rate

Certification by Collecting Official:

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

- 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 **SIGNATURE** **DATE**