

2026 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	MORTGAGE CO PAID?	ISSUE PAYMENT TO
COUNTY		/ /		☐ YES ☐ NO	☐ APPLICANT ☐ COUNTY
CITY		/ /		☐ YES ☐ NO	☐ 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 / /

PROPERTY

Parcel ID
Address

City TN Zip

USPS does not forward Tax Relief checks. If relocated, provide mailing address and reason

APPLICANT'S INCOME

(Only Elderly & Disabled Homeowners)

NO INCOME IN 2025 ☐

INCOME LIMIT - \$38,470

SSA BENEFITS
SSI BENEFITS
RETIREMENT / PENSION
VETERAN'S BENEFITS
WORKER'S COMP
WAGES & SALARIES
DIVIDENDS & INTEREST
OTHER INCOME
RENTAL INCOME
INCOME LOSS (-)

TOTAL 2025 INCOME

MAILING

My mailing
address is:

☐ PERMANENT

☐ TEMPORARY

PROVIDE REASON
IN COMMENTS

Mailing
Address,
if different than
property address

City State Zip County

CONTACT
INFO.

Applicant Phone () - Applicant Email
Alternate Contact Name Alternate Contact Phone () -
Alternate Contact Email

RESIDENCY

PROPERTY TYPE: ☐ HOME ☐ MOBILE HOME ☐ MOBILE HOME ON SOMEONE ELSE'S LAND ☐ COMMERCIAL
☐ HOME ON PARCEL WITH MULTIPLE RESIDENCES

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, applicant is ineligible for tax relief.

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

OTHER PARTY'S INCOME

(Only Elderly & Disabled Homeowners)

NO INCOME IN 2025 ☐

INCOME LIMIT - \$38,470

SSA BENEFITS

SSI BENEFITS

RETIREMENT / PENSION

VETERAN'S BENEFITS

WORKER'S COMP

WAGES & SALARIES

DIVIDENDS & INTEREST

OTHER INCOME

RENTAL INCOME

INCOME LOSS (-)

TOTAL 2025 INCOME

2ND PARCEL ID

COMMENTS

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**

Signature of two witnesses required if applicant is unable to sign their name and can only sign by making a mark:

Witness
Signature and
Address

Witness
Signature and
Address



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

Division of Property Assessments

CT-0067 Rev. 3/2026

