

PROPERTY TAX RELIEF PROGRAM CONSENT FOR RELEASE OF INFORMATION FROM THE DEPARTMENT OF VETERANS AFFAIRS

2024 F-16

County # or City #	DV or AC	Social Security #	VA Claim # (Optional)
Veteran's Last Name		Veteran's First Name	Veteran's Middle Initial
XSignature or See Att	ached Application	for Authority	Date
uthorize the Department of Veter	ans Affairs to release a	I information necessary to ascertain my status rward this information to the Property Tax Relie	according to Tenn. Code Ann. § 67-5-70
		That a life information to the Property Tax Teles	, 110g.d.m.
• To be completed by Tax Application # Date 1st Tran	1	ubmission Date and Reason for Resubmissi	on
	1 st		
	2 nd		
• To be completed by the N	ashville, TN Veter	ns Affairs Regional Office ONLY.	
as this veteran ever been o			
eview of records from this off Check <u>ALL</u> that apply)	ce confirms the nam	d veteran meets the following criteria define	ed in Tenn. Code Ann. § 67-5-704:
	m traumatic injury	resulted in paraplegia or permanent pa or disease to the spinal cord or brain; o	
A total and perma	nent disability rati	g from a service-connected disability.	
100 percent total	and permanent dis	ability rating from being a prisoner of w	ar.
Effective date of above ratin	g:	Rating Date:	
		OR	
	indicates the vete	onfirms the named veteran does not me an receives VA benefits based on the f	
IF VETERAN <u>DOES NOT</u> M	IEET CRITERIA IN	ENN. CODE ANN. § 67-5-704, PLEASE	COMPLETE SECTION BELOW.
	ned veteran is rate	ng criteria in Tenn. Code Ann. § 67-5-70 I permanently and totally disabled with 023 calendar year income:	
VA Comments:			
VA Representative		Title	