STATE OF TENNESSEE
STATE BOARD OF EQUALIZATION
SUITE 1700
JAMES K. POLK OFFICE BUILDING
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-0280
Phone (615) 401-7883

APPLICATION FOR "HOMEBELT" ASSESSMENT

To the property owner: State law provides, under appropriate circumstances, for the classification of certain property as "homebelt" property. Upon classification as homebelt property, the value for property tax purposes must be based upon the property in its residential use rather than some possible alternative use. Should the ownership or use of the property change so that it no longer qualifies under this law, then the property owner shall have the duty of informing the assessor of property, and the tax assessment will be returned to current market value for subsequent years. Failure to report changes in use of ownership of the property may subject you to back assessment, penalty and interest.

I, _____, the undersigned owner of homebelt property request the assessor of property of _____ County to classify such property as "homebelt" property pursuant to Tennessee Code Annotated, Section 67-5-601(c), and assess such land on the basis of its value for residential rather than commercial purposes. The following information is furnished in support of this application.

NAME: _____

MAILING ADDRESS: _____

PARCEL IDENTIFICATION: _____

1. NUMBER OF ACRES COVERED BY THIS APPLICATION: _____
2. DESCRIPTION OF USE: _____
3. LOCAL ZONING TYPE: _____
4. DATE YOU FIRST OCCUPIED THIS RESIDENCE: _____
5. HAVE YOU CONTINUOUSLY OCCUPIED THIS RESIDENCE AT LEAST NINE (9) MONTHS OUT OF EACH YEAR, FOR AT LEAST TWENTY-FIVE (25) YEARS? _____

I affirm that information furnished on this application is true and accurate to the best of my knowledge and belief. I further affirm that if this property is classified as homebelt property and is later sold or converted from homebelt

State of Tennessee

STATE BOARD OF EQUALIZATION

SUBPOENA

(Order to Appear)

IN THE MATTER OF:

DOCKET NUMBER:

TO: (Name, Address and Telephone Number of Witnesses)

You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may be punished as provided by law.

TIME	DATE	ITEMS TO BRING:
PLACE		☐ Additional List Attached

This subpoena is being issued on behalf of: (Party)

by Attorney or Agent: (Name, Address and Telephone Number)

DATE ISSUED:

STATE BOARD OF EQUALIZATION

By: _____

EXECUTIVE SECRETARY

RETURN ON SERVICE