

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

2025 F-16

	 To be completed by jurisdiction Veteran's Last Name 		Veteran's First Name	Veteran's M	liddle Initial	Veteran's Social Security #	
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X	ure or See Attach	ed Applica	ation for Authority		Date	•	
uthorize the Depa luding my percen	ntment of Veterans tage of disability and	Affairs to rele d income, an	ease all information necess nd to forward this informatio	ary to ascertain my s n to the Property Tax	tatus accordir Relief Progra	ng to Tenn. Code Ann. § 67-5- am.	
To be comp	leted by Tax Reli	of office					
Application #	Date 1 st Transmitted to VA		Resubmission Date and Reason for Resubmission				
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			2 nd				
To be comp	leted by the Nash	ville. TN V	Veterans Affairs Region	al Office ONLY.			
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las this vetera	n ever been dish	onorably o	discharged? \Box YE	s □ NO			
		onfirms the	named veteran meets th	e following criteria	defined in Te	nn. Code Ann. § 67-5-704:	
Check <u>ALL</u> that a	,						
	ired in connection		ch sarvica a disability	from noronlogio /			
	legal blindness,		resulting from trauma	tic injury or disea	se to the s	oinal cord or brain, or	
from caus	legal blindness, e; uired one hundre	or from lo	resulting from trauma	tic injury or disea o (2) or more limi I disability, as de	se to the spos from any termined by	pinal cord or brain, or service-connected y the United States	
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