ROBERTSON COUNTY ELDERLY
WHEEL TAX REIMBURSEMENT PROGRAM
OFFICIAL APPLICATION

OFFICIAL USE ONLY		
Received Date/By		
Approved Date/By		
Paid Date/By		
Check #/Amt		$43
Ck Clear Date/By		

PLEASE COMPLETE THE FOLLOWING:

FIRST NAME: _____

LAST NAME: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____

PHONE: _____

DATE OF BIRTH: _____

SS# (LAST 4 DIGITS): XXX - XX - ____ ____ ____ ____

INSTRUCTIONS:

1. ATTACH PROOF OF IDENTIFICATION.

2. ATTACH PROOF OF AGE 65 OR OLDER. (EX: STATE ID, PASSPORT, DRIVER'S LICENSE, OR BIRTH CERTIFICATE)

3. ATTACH PROOF OF ALL HOUSEHOLD INCOME ($25,000 MAX):
*** MUST INCLUDE TAX RETURN, IF FILED.**

4. ATTACH A COPY OF CURRENT OFFICIAL VEHICLE REGISTRATION PAID IN LAST 30 DAYS.

Federal income tax return filed last year? NO____ YES ____ *If YES, you MUST provide a copy.

Does anyone live with you? NO ____ YES ____ *If YES, you MUST provide ALL household income.

I certify to the best of my knowledge that all of the information provided by me is true and correct. I understand that anyone who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws.

APPLICANT'S SIGNATURE **DATE**

ONLY ONE VEHICLE PER HOUSEHOLD PER YEAR IS ELIGIBLE FOR REIMBURSEMENT.

PLEASE COMPLETE, SIGN, AND RETURN APPLICATION WITH PROOF OF ELIGIBILITY TO:

ROBERTSON COUNTY TRUSTEE OFFICE
515 S BROWN ST
SPRINGFIELD, TN 37172
(615) 384-4238