

STATE OF NORTH CAROLINA

COUNTY OF _____

YEAR 2009

APPLICATION FOR PROPERTY TAX RELIEF

DISABLED VETERAN EXCLUSION (G.S. 105-277.1C)

Property ID Number: _____

Name of Applicant: _____ D.o.B: _____ M _____ D _____ Y
Last First MI

Name of Spouse: _____ D.o.B: _____ M _____ D _____ Y
Last First MI

Residence Address: _____

Telephone Number: (H) _____ (W) _____ (C) _____

E-mail Address: _____ (optional)

Circle One:

Yes No Is this property your permanent legal residence?

Yes No Does your spouse (if applicable) live with you in the residence? If you answer **No**, provide your spouse's address: _____

Yes No Are you or your spouse currently residing in a health care facility? If you answer **Yes**, circle one (applicant / spouse) and indicate current length of stay: _____

Yes No Do you and your spouse (if applicable) own 100% interest in the property? If you answer **No**, list all owners and their ownership percentage:

Owner _____ % Owner _____ %
Owner _____ % Owner _____ %
Owner _____ % Owner _____ %

Note: Separate applications are required for each owner that is claiming property tax relief. If a husband and wife own the property as tenants by the entirety, only one application is required. If a husband and wife own the property as tenants in common, then a separate application is required for each spouse.

Part 2. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of an honorably discharged veteran who has a total and permanent disability that is service-connected **or** who receives benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to the unmarried surviving spouse of an honorably discharged disabled veteran. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife as tenants by the entirety). If eligible, each owner may receive benefits under the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferral cannot be combined with either of these two programs.

Circle One: **Yes** **No** Are you an honorably discharged veteran of a branch of the U.S. Armed Forces? Name of branch: _____

Yes **No** Are you the unmarried surviving spouse of an honorably discharged disabled veteran? If you answer **Yes**, complete this section and provide the documentation based on your spouse's status on the date of death.

Either answer this: **Yes** **No** Do you have a veteran's disability certification from the Veterans Administration or another federal agency that certifies that you have a total and permanent disability that is service-connected? **YOU MUST PROVIDE A COPY TO THE TAX ASSESSOR TO RECEIVE BENEFIT.**

Or this: **Yes** **No** Do you have documentation that you receive benefits for specially adapted housing under 38 U.S.C. 2101? **YOU MUST PROVIDE A COPY TO THE TAX ASSESSOR TO RECEIVE BENEFIT.**

- Requirements:**
1. File a veteran's disability certification if you are claiming a total and permanent service-connected disability. Obtain the certification from the appropriate federal agency, **or**
 1. File documentation that you receive benefits for specially adapted housing under 38 U.S.C. 2101. Obtain the documentation from the appropriate federal agency.
 2. File a copy of your Honorable Discharge Certificate.
 3. Complete Part 3. Affirmation and Signature.

Office Use Only: VDC Received: Y / N Date: _____ Approved: Y / N Date: _____ By: _____
SAH Received: Y / N Date: _____ Comments: _____
HDC Received: Y / N Date: _____

Part 3. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete.

Applicant's Name (please print) Applicant's Signature _____
Date

Spouse's Name (please print) Spouse's Signature _____
Date

Application must be received by June 1st to be timely filed.

This application must be filed with the County Tax Assessor. **Do not send this application to the North Carolina Department of Revenue.** (County Tax Assessor addresses and phone numbers can be found online at: www.dornc.com/downloads/CountyList.pdf)
