

STATE OF NORTH CAROLINA

COUNTY OF _____

YEAR 2009

APPLICATION FOR PROPERTY TAX RELIEF

ELDERLY OR DISABLED EXCLUSION (G.S. 105-277.1)

Property ID Number: _____

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

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

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 _____ %

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. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2009 tax year is **\$25,600**. See G.S. 105-277.1 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 Elderly or Disabled Exclusion.

Circle One: **Yes** **No** As of January 1, were you at least 65 years of age? If you answer **Yes**, you do not have to file Form AV-9A Certification of Disability.

Yes **No** As of January 1, were you totally and permanently disabled and less than 65 years of age? If you answer **Yes**, you must file Form AV-9A Certification of Disability.

Requirements:

1. File Form AV-9A Certification of Disability if you are not at least 65 years of age.
2. Complete Part 3. Income Information.
3. Complete Part 4. Affirmation and Signature.

Part 3. Income Information (continued from previous page)

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. **If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099 Social Security Statement, 1099-R Distribution from Pensions, annuities, Retirement or Profit Sharing Plan, IRS's, 1099-INT Interest Income, 1099-DIV Dividends and Distributions, financial institution statements, etc.).**

- a. Wages, Salaries, Tips, etc..... \$ _____
- b. Interest (Taxable and Tax Exempt)..... \$ _____
- c. Dividends..... \$ _____
- d. Capital Gains..... \$ _____
- e. IRA Distributions..... \$ _____
- f. Pensions and Annuities..... \$ _____
- g. Disability Payments (not included in Pensions and Annuities)..... \$ _____
- h. Social Security Benefits (Taxable and Tax Exempt)..... \$ _____
- i. All other moneys received (examples: alimony, rents, gifts, income from Sched. C, E, F)... \$ _____
- Total..... \$ _____**

Comments: _____

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

Office Use Only: FITR Required: Y / N FITR Received: Y / N Date: _____
Income: \$ _____ < IEL / 1.5 IEL / > 1.5 IEL Date: _____ By: _____
Comments: _____

Part 4. 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)
