



APPLICATION FOR PROPERTY TAX RELIEF

Disabled Veteran Exclusion (G.S. 15-277.1C)

Property ID Number: _____

Name of Applicant: _____ Date of Birth _____

Name of Spouse: _____ Date of Birth _____

Residence Address: _____

Telephone Number: (Home) _____ (Work) _____ (Cell) _____

Circle One:

Yes No Do you reside in this home?

Yes No Does your spouse (if applicable) live with you in this residence?

If you answer no, provide your spouse's address:

SHORT DESCRIPTION OF DISABLED VETERAN EXCLUSION

This program excludes up 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.

Circle One:

Yes No Are you an honorably discharged veteran of a branch of the United States armed forces? Name of Branch: _____

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

Yes No Do you have veteran's disability certification from the Veteran's Administration or another federal agency that certifies that you have A total and permanent disability that is service-connected?
Copy of documentation must be provided to the Tax Assessor to receive benefit.

Yes No Do you have documentation that you receive benefits for specially adapted housing under 38 U.S.C. 2101? Copy of documentation must be provided to the Tax Assessor to receive benefit.

REQUIREMENTS:

*** 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 file documentation that you receive benefits for specially adapted Housing under 38 U.S.C. 2101.

*** File a copy of your Honorable Discharge Certificate, DD form 214.

AFFIRMATION AND SIGNATURE

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 application is true and complete.

Applicant's Name (please print)

Applicant's Signature

Date

Spouse's Name (please print)

Spouse's Signature

Date

This application must be filed with the County Tax Assessor. Do not send this application to the NC Dept. of Revenue

Please mail to: DAVIDSON COUNTY TAX OFFICE, PO BOX 1617, LEXINGTON NC 27293

*****Applications must be received by June 1st, 2023 to be timely filed*****

Any questions please call 336-242-2160

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	COUNTY
--	--	---------------

SECTION 1	TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED	
------------------	---	--

NAME (Print or Type) _____ STREET ADDRESS OR P.O. BOX NUMBER _____ CITY _____ STATE _____ ZIP CODE _____	DISABLED VETERAN'S FULL NAME (PRINT OR TYPE) _____ SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE) _____ <i>(If Applicable)</i> U.S. DEPT. OF VETERANS AFFAIRS FILE NUMBER _____ VETERAN'S SOCIAL SECURITY NUMBER _____
--	---

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the **surviving spouse, who has not remarried**, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request NCDMVA complete this certification **in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.**

SECTION 2	Disabled Veteran's Signature	
------------------	-------------------------------------	--

I have provided the North Carolina Department of Military and Veterans Affairs (NCDMVA) with my Annual Tax Abatement Letter for the processing of this form. I authorize the Secretary of NCDMVA, or the Secretary's designee, to release information regarding my disability as needed for this certification.

_____ DISABLED VETERAN'S SIGNATURE	_____ DATE
---------------------------------------	---------------

SECTION 3	Surviving Spouse's (who has not remarried) Signature	
------------------	---	--

I have provided the North Carolina Department of Military and Veterans Affairs (NCDMVA) with my Annual Tax Abatement Letter for the processing of this form. I authorize the Secretary of NCDMVA, or the Secretary's designee, to release information regarding my disability as needed for this certification.

_____ SURVIVING SPOUSE'S SIGNATURE	_____ DATE
---------------------------------------	---------------

SECTION 4	To be completed by Secretary of NC Department of Military and Veterans Affairs, or Secretary's designee
------------------	--

- Please check all that apply:**
- A. Veteran **does not meet** either B, C, D, or E of the below criteria.
 - B. Veteran has a service-connected **permanent** and total disability that existed as of _____.
 - C. Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
 - D. Veteran died on _____ and had a service-connected **permanent** and total disability at death.
 - E. Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214)	<input type="checkbox"/> Honorable	<input type="checkbox"/> Under Other than Honorable Conditions
	<input type="checkbox"/> Under Honorable Conditions	

The NCDMVA has verified the Department of Veterans Affairs certification for the veteran above.

_____ SIGNATURE OF NCDMVA OFFICIAL	_____ PRINTED NAME OF NCDMVA OFFICIAL
_____ DATE	_____ TITLE OF NCDMVA OFFICIAL