



APPLICATION FOR PROPERTY TAX RELIEF

Elderly or Disabled Exclusion (G.S. 105-277.1)

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: \_\_\_\_\_

Yes No Do you own other real estate? If Yes, please provide address(s) \_\_\_\_\_

Yes No Do you have rental property? If Yes, please list rental income \_\_\_\_\_

SOCIAL SECURITY NUMBER AND INCOME INFORMATION

Social Security Number (SSN) disclosure is mandatory for approval of and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405 (C) (2) (C) (i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

SOCIAL SECURITY NUMBER: \_\_\_\_\_
Applicant

\_\_\_\_\_
Spouse

## **REQUIREMENTS:**

**You must provide a copy of the first page of your individual Federal Income Tax Return for the 2017 tax year, including all associated schedules.** Married applicants filing separate returns should submit both returns. If you do not file a Federal Income Tax Return, please attach documentation of your income including your spouse, if married, such as but not limited to the following:

(W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.)

Your income tax returns are confidential and will be treated as such.

**You must submit proof of income with application.**

**If proof of income is not received, you will not qualify for this exemption.**

Information is subject to verification with the North Carolina Department of Revenue

## **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

**\*\*\*APPLICATION MUST BE RECEIVED BY JUNE 1<sup>ST</sup>, 2018 TO BE TIMELY FILED\*\*\***

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**

Any questions please call 336-242-2160

\*\*\* You will not be informed of decision, if qualified,  
the adjustment will appear on your July 2018 Davidson County tax bill \*\*\*

# Certification of Disability for Property Tax Exclusion (G.S. 105-277.1)

State of North Carolina

Applicant's Name			Social Security Number	
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>	
Address			Date of Birth	
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>	
City			State	Zip Code
<input style="width: 95%;" type="text"/>			<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
Home Telephone Number	Work Telephone Number	Ext.	Cell Phone Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Social Security Number (SSN) disclosure is mandatory for approval of the Property Tax Exclusion under G.S. 105-277.1 and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

**DO NOT USE THIS FORM TO CERTIFY DISABILITY FOR THE DISABLED VETERAN EXCLUSION (G.S. 105-277.1C). IT IS A DIFFERENT PROGRAM. YOU MUST OBTAIN A VETERAN'S DISABILITY CERTIFICATION DIRECTLY FROM THE APPROPRIATE FEDERAL AGENCY.**

This section can only be completed by a physician licensed to practice medicine in North Carolina or by a governmental agency authorized to determine qualification for disability benefits.

Evidence that someone receives disability payments is not evidence of total and permanent disability.

**Definition:** G.S. 105-277.1(b)(4) Totally and permanently disabled. – A person is totally and permanently disabled if the person has a physical or mental impairment that substantially precludes him or her from obtaining gainful employment and appears reasonably certain to continue without substantial improvement throughout his or her life.

**CERTIFICATION OF DISABILITY: I affirm that I am qualified and authorized to make this determination.**

Yes  No ➤ I certify that the applicant is currently totally and permanently disabled as defined above in G.S. 105-277.1(b)(4).

Yes  No ➤ I certify that the applicant was under my care as of January 1 of this year and was totally and permanently disabled on that date.

Signature	Date
Print Name	Phone
Title	License Number
Name of Medical Practice or Government Agency	

**Please submit completed certification to your County Tax Assessor. Do not submit to the N.C. Department of Revenue.**