



**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 1<sup>st</sup>, 2022 to be timely filed\*\*\***

Any questions please call 336-242-2160

	<b>State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)</b>	<b>COUNTY</b>
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<b>SECTION 1</b>	<b>TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED</b>
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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 _____
<p>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 <b>surviving spouse, who has not remarried</b>, 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 USDVA complete this certification <i>in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.</i></p>	

<b>SECTION 2</b>	<b>Disabled Veteran's Signature</b>
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I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.

DISABLED VETERAN'S SIGNATURE _____	DATE _____
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<b>SECTION 3</b>	<b>Surviving Spouse's (who has not remarried) Signature</b>
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I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE _____	DATE _____
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<b>SECTION 4</b>	<b>To be completed by the U.S. Department of Veterans Affairs</b>
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**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 Honorable Conditions	<input type="checkbox"/> Under Other than Honorable Conditions
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SIGNATURE OF USDVA CERTIFYING OFFICIAL _____	DATE _____
PRINTED NAME OF USDVA CERTIFYING OFFICIAL _____	<b>NOTE:</b> <b>Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.</b>
TITLE OF USDVA CERTIFYING OFFICIAL _____	