

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	COUNTY
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SECTION 1	TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED	
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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 _____
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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	
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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 _____
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SECTION 3	Surviving Spouse's (who has not remarried) Signature	
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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 _____
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SECTION 4	To be completed by Secretary of NC Department of Military and Veterans Affairs, or Secretary's designee
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Please check all that apply:	<p>A. <input type="checkbox"/> Veteran does not meet either B, C, D, or E of the below criteria.</p> <p>B. <input type="checkbox"/> Veteran has a service-connected permanent and total disability that existed as of _____.</p> <p>C. <input type="checkbox"/> 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.</p> <p>D. <input type="checkbox"/> Veteran died on _____ and had a service-connected permanent and total disability at death.</p> <p>E. <input type="checkbox"/> 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.</p>
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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 _____