

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

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

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.**

<b>SECTION 2</b>	<b>Disabled Veteran's Signature</b>	
------------------	-------------------------------------	--

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
---------------------------------------	---------------

<b>SECTION 3</b>	<b>Surviving Spouse's (who has not remarried) Signature</b>	
------------------	---	--

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
---------------------------------------	---------------

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

- 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.

<b>Character of Disabled Veteran's Service at Separation: (DD-214)</b>	<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