

	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:**
- 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 _____