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| | 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 _____ |
| <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 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 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> | |

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

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| DISABLED VETERAN'S SIGNATURE _____ | DATE _____ |
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| SECTION 3 | Surviving Spouse's (who has not remarried) Signature |
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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.

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| SURVIVING SPOUSE'S SIGNATURE _____ | DATE _____ |
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| SECTION 4 | To be completed by the U.S. Department of Veterans Affairs |
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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.

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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 | |

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| SIGNATURE OF USDVA CERTIFYING OFFICIAL _____ | DATE _____ |
| PRINTED NAME OF USDVA CERTIFYING OFFICIAL _____ | NOTE: Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC. |
| TITLE OF USDVA CERTIFYING OFFICIAL _____ | |