

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

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

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>	

SECTION 2	Disabled Veteran's Signature	
------------------	-------------------------------------	--

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 _____
------------------------------------	------------

SECTION 3	Surviving Spouse's (who has not remarried) Signature	
------------------	---	--

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 _____
------------------------------------	------------

SECTION 4	To be completed by the U.S. Department of Veterans Affairs
------------------	---

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	

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 _____	