

STATE OF NORTH CAROLINA

COUNTY OF ALEXANDER

YEAR 2019

OWNER ID _____

PARCEL _____

APPLICATION FOR PROPERTY TAX RELIEF

ELDERLY OR DISABLED EXCLUSION (G.S. 105-277)

This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner is an owner who meets all of the following requirements as of January 1 preceding the taxable year for which the benefit is claimed:

- (1) Is at least 65 years of age or totally and permanently disabled.
(If totally and permanently disabled and not 65 the **Certification of Disability form** is required)
- (2) Has an income for the preceding calendar year of not more than **\$30,200**

Income is defined as all moneys received from every source other than gifts or inheritances received from a spouse, lineal ancestor, or lineal descendant. For married applicants residing with their spouses, the income of both spouses must be included, whether or not the property is in both names.

- (3) Is a North Carolina resident. See G.S. 105-277.1 for the full text of the statute.

APPLICANT

SPOUSE

1. Full name:	_____	_____
2. Social Security Number:	_____	_____
3. Residence Address:	_____	_____
4. Date of Birth:	_____	_____
5. Telephone Number:	_____	_____
6. Description of property:	_____	_____

CIRCLE ONE:

YES NO Is this property your permanent legal residence?

YES NO Are you or your spouse currently residing in a health care facility? If you answer **YES**, circle one (applicant / spouse) and indicate current length of stay: _____

YES NO Do you or your spouse (if applicable) own 100% interest in the property? If you answer **NO**, list all owners and their ownership percentage:

Owner	_____	Percentage	_____
Owner	_____	Percentage	_____
Owner	_____	Percentage	_____

Forms must be filled out completely and signed on the back. This application must be filed with the County Tax Assessor. Do not send this application to the North Carolina Department of Revenue.

APPLICATION MUST BE RECEIVED BY JUNE 1ST

Social Security Number (SSN) is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on the application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment on an unpaid property tax bill from any State income refund tax that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN maybe used to garnish wages or attach bank accounts for failure to timely pay taxes.

Requirements:

1. You must provide a copy of the first page of you individual Federal Income Tax Return for the previous calendar year (unless you do not file a Federal Income Tax Return). Married applicants filing separate returns should submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy of the first page when you file your return. Your income tax returns are confidential and will be treated as such. **Your application will not be processed until the income tax information is received.** Please check the appropriate box concerning the submission of your Federal Income Tax Return.

- Federal Income Tax Return submitted with this application.
- Federal Income Tax Return will be submitted when filed with the IRS.
- I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. **You must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc).**

	<u>Applicant</u>	<u>Spouse</u>
a. Wages, Salaries, Tips, etc.	\$ _____	\$ _____
b. Interest (Taxable and Tax Exempt)	\$ _____	\$ _____
c. Dividends	\$ _____	\$ _____
d. Capital Gains	\$ _____	\$ _____
e. IRA Distributions	\$ _____	\$ _____
f. Pensions	\$ _____	\$ _____
g. Disability Payments (not included in Pensions and Annuities)	\$ _____	\$ _____
h. Social Security Benefits (Taxable and Tax Exempt)	\$ _____	\$ _____
i. All other moneys received (ex: alimony, rents, gifts)	\$ _____	\$ _____
<u>TOTAL</u>	\$ _____	\$ _____

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE

AFFIRMATION OF APPLICANT- Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief all information furnished by me in connection with this application is true and complete.

Applicant's Name (please print)

Applicant's Signature

Date

Spouse's Name (please print)

Spouse's Signature

Date