

	<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) _____		DISABLED VETERAN'S FULL NAME (PRINT OR TYPE) _____
STREET ADDRESS OR P.O. BOX NUMBER _____		SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE) <i>(If Applicable)</i> _____
CITY _____	STATE _____	ZIP CODE _____
		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 <b>surviving spouse, who has not remarried</b>, 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>		
<b>SECTION 2</b>	<b>Disabled Veteran's Signature</b>	
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 _____
<b>SECTION 3</b>	<b>Surviving Spouse's (who has not remarried) Signature</b>	
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 _____
<b>SECTION 4</b>	<b>To be completed by the U.S. Department of Veterans Affairs</b>	
<b>Please check all that apply:</b>	<p><b>A.</b>    <input type="checkbox"/> Veteran <b>does not meet</b> either B, C, D, or E of the below criteria.</p> <p><b>B.</b>    <input type="checkbox"/> Veteran has a service-connected <b>permanent</b> and total disability that existed <b>as of</b> _____.</p> <p><b>C.</b>    <input type="checkbox"/> Veteran received benefits <b>on</b> _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.</p> <p><b>D.</b>    <input type="checkbox"/> Veteran died <b>on</b> _____ and had a service-connected <b>permanent</b> and total disability at death.</p> <p><b>E.</b>    <input type="checkbox"/> Veteran died <b>on</b> _____ and the death was either (1) the result of a service-connected condition <b>or</b> (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.</p>	
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 _____	<b>NOTE:</b> <b>Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.</b>	
TITLE OF USDVA CERTIFYING OFFICIAL _____		