

	<b>State of North Carolina</b> <b>Certification for Disabled Veteran's</b> <b>Property Tax Exclusion (G.S. 105-277.1C)</b>	<b>COUNTY</b>
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<b>SECTION 1</b>	<b>TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED</b>	
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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 _____
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>	

<b>SECTION 2</b>	<b>Disabled Veteran's Signature</b>	
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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 _____
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<b>SECTION 3</b>	<b>Surviving Spouse's (who has not remarried) Signature</b>	
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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.

SURVIVING SPOUSE'S SIGNATURE _____	DATE _____
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<b>SECTION 4</b>	<b>To be completed by the U.S. Department of Veterans Affairs</b>	
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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 Honorable Conditions	<input type="checkbox"/> Under Other than Honorable Conditions
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SIGNATURE OF USDVA CERTIFYING OFFICIAL _____	DATE _____
PRINTED NAME OF USDVA CERTIFYING OFFICIAL _____	<b>NOTE:</b> Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.
TITLE OF USDVA CERTIFYING OFFICIAL _____	