

	<b>State of North Carolina</b> <b>Certification for Disabled Veteran's</b> <b>Property Tax Exclusion (G.S. 105-277.1C)</b>	COUNTY _____
<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 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>		
<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>	A. <input type="checkbox"/> Veteran does not meet either B, C, D, or E of the below criteria. B. <input type="checkbox"/> Veteran has a service-connected permanent and total disability that existed as of _____. C. <input type="checkbox"/> 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. <input type="checkbox"/> Veteran died on _____ and had a service-connected permanent and total disability at death. E. <input type="checkbox"/> 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
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 _____		