Form AV-9
Rev. 7-10

Application Must Be Received by the County Tax Assessor by June 1st To Be Timely Filed.

STATE OF NORTH CAROLINA

COUNTY OF Craven

YEAR 2011

APPLICATION FOR PROPERTY TAX RELIEF

ELDERLY OR DISABLED EXCLUSION (G.S. 105-277.1), DISABLED VETERAN EXCLUSION (G.S. 105-277.1C), or CIRCUIT BREAKER TAX DEFERMENT PROGRAM (G.S. 105-277.1B)

Property ID Number: _____

Name of Applicant: _____ **Birth Date:** ____M____D____Y
Last First Middle

Name of Spouse: _____ **Birth Date:** ____M____D____Y
Last First Middle

Residence Address: _____
Street or P.O. Box City State Zip Code

Mailing Address: (if different) _____
Street or P.O. Box City State Zip Code

Telephone Number: (H)_____(W)_____(C)_____

E-mail Address: _____(optional)

Circle One:

Yes No Is this property your permanent legal residence?

Addresses of secondary residences (if any): _____

Yes No Does your spouse (if applicable) live with you in the residence? If you answer **No**, provide your spouse's address: _____

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

Owner_____ ____% Owner_____ ____%
Owner_____ ____% Owner_____ ____%
Owner_____ ____% Owner_____ ____%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, check only that program at the bottom of this page. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which **one program** you wish to choose, check all of the programs at the bottom of this page for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. **You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs.** In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then check the program(s) for which you are applying:

Check:	You Must Complete:
[ ] **Elderly or Disabled Exclusion**	**Parts 2, 5, 6**
[ ] **Disabled Veteran Exclusion**	**Parts 3, 6**
[ ] **Circuit Breaker Tax Deferment Program**	**Parts 4, 5, 6**

If you check more than one program, please read ALL of the information on this page!

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Part 2. Elderly or Disabled Exclusion

Short Description: 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 must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2011 tax year is **$27,100**. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). If eligible, each owner may receive benefits under the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Circle One:

Yes **No** As of January 1, were either you **or** your spouse (if applicable) at least 65 years of age? If you answer **Yes**, you do not have to file Form AV-9A Certification of Disability.

Yes **No** As of January 1, were you and your spouse (if applicable) **both** less than 65 years of age **and** at least one of you was totally and permanently disabled? If you answer **Yes**, you must file Form AV-9A Certification of Disability.

Requirements:

1. File Form AV-9A Certification of Disability if required above.
2. Complete Part 5. Income Information.
3. Complete Part 6. Affirmation and Signature.

Office Use Only: AV-9A Required: Y / N Approved: Y / N Date: _____ By: _____
AV-9A Received: Y / N Date: _____ Comments: _____

Form AV-9A
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STATE OF NORTH CAROLINA

CERTIFICATION OF DISABILITY

for PROPERTY TAX EXCLUSION (G.S. 105-277.1)

Applicant's Name: _____
Last First MI

Address: _____ **Date of Birth:** _____Mo____Day_____Yr

_____ **Social Security Number:** _____-_____-_____

Telephone Number: (H)_____(W)_____(C)_____

Social Security Number (SSN) disclosure is mandatory for approval of the Property Tax Exclusion under G.S. 105-277.1 and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this 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 of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

DO NOT USE THIS FORM TO CERTIFY DISABILITY FOR THE DISABLED VETERAN EXCLUSION (G.S. 105-277.1C). IT IS A DIFFERENT PROGRAM. YOU MUST OBTAIN A VETERAN'S DISABILITY CERTIFICATION DIRECTLY FROM THE APPROPRIATE FEDERAL AGENCY.

This section can only be completed by a physician licensed to practice medicine in North Carolina or by a governmental agency authorized to determine qualification for disability benefits.

Evidence that someone receives disability payments is not evidence of total and permanent disability.

Definition: G.S. 105-277.1(b)(4) Totally and permanently disabled. – A person is totally and permanently disabled if the person has a physical or mental impairment that substantially precludes him or her from obtaining gainful employment and appears reasonably certain to continue without substantial improvement throughout his or her life.

CERTIFICATION OF DISABILITY: I affirm that I am qualified and authorized to make this determination.

Circle: YES NO I certify that the applicant is currently totally and permanently disabled as defined above in G.S. 105-277.1(b)(4).

Circle: YES NO I certify that the applicant was under my care as of January 1 of this year and was totally and permanently disabled on that date.

Signature: _____ **Date:** _____

Print Name: _____ **Phone:** _____

Title: _____ **License No:** _____

Name of Medical Practice or Government Agency: _____

Please submit completed certification to your County Tax Assessor. Do not submit to the N. C. Department of Revenue.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first $45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability **or** who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). If eligible, each owner may receive benefits under the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Circle One:

Yes **No** I am a disabled veteran. (See definition of disabled veteran above.)

Yes **No** I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer **Yes**, complete the next question.

Yes **No** I am currently unmarried and I have never remarried since the death of the veteran.

Requirements:

1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must be certified by the United States Department of Veterans Affairs.
2. Complete Part 6. Affirmation and Signature.

Office Use Only: NCDVA-9 Received: Y / N Date: _____ Approved: Y / N Date: _____ By: _____
Comments: _____

NCDVA-9
(Rev. 08-09)

For best delivery to USDVA, filing this form with your local veteran's service office is recommended.

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)

DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)
(If Applicable)

CITY STATE ZIP CODE

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 **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 ***In support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.***

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)

☐ Honorable
☐ Under Honorable Conditions
☐ Under Other than Honorable Conditions

SIGNATURE OF USDVA CERTIFYING OFFICIAL

DATE

PRINTED NAME OF USDVA CERTIFYING OFFICIAL

TITLE OF USDVA CERTIFYING OFFICIAL

NOTE:
Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2011 tax year is **$27,100**, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (**$27,100**) but does not exceed 150% of the income eligibility limit, which for the 2011 tax year is **$40,650**, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. **All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program.** The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Check One:

Yes **No** As of January 1, were either you **or** your spouse (if applicable) at least 65 years of age? If you answer **Yes**, you do not have to file Form AV-9A Certification of Disability.

Yes **No** As of January 1, were you and your spouse (if applicable) **both** less than 65 years of age **and** at least one of you was totally and permanently disabled? If you answer **Yes**, you must file Form AV-9A Certification of Disability.

Yes **No** Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

Yes **No** Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer **No**, the property cannot receive benefit under this program.

Requirements:

1. File Form AV-9A Certification of Disability if required above.
2. Complete Part 5. Income Information.
3. Complete Part 6. Affirmation and Signature.

Office Use Only: AV-9A Required: Y / N Approved: Y – 4% / Y – 5% / N Date: _____ By: _____
AV-9A Received: Y / N Date: _____ Comments: _____

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure 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 this 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 of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Social Security Number: _____-_____-_____ _____-_____-_____
Applicant **Spouse**

Requirements:

1. You must provide a copy of the first page of your 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.**

(Part 5 continued on the next page.)

Part 5. Income Information (continued from previous page)

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. **If you do not file a Federal Income Tax Return, 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.).**

a. Wages, Salaries, Tips, etc..... $_____

b. Interest (Taxable and Tax Exempt)..... $_____

c. Dividends..... $_____

d. Capital Gains..... $_____

e. IRA Distributions..... $_____

f. Pensions and Annuities..... $_____

g. Disability Payments (not included in Pensions and Annuities)..... $_____

h. Social Security Benefits (Taxable and Tax Exempt)..... $_____

i. All other moneys received (Describe in Comments section.)..... $_____

Total..... $_____

Comments: _____

_____

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

Office Use Only: FITR Required: Y / N FITR Received: Y / N Date: _____

Income: $_____ < IEL / 1.5 IEL / > 1.5 IEL Date: _____ By: _____

Comments: _____

Part 6. Affirmation and Signature

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. **Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.**

Applicant's Name (please print)	Applicant's Signature	Date
Spouse's Name (please print)	Spouse's Signature	Date

Application must be received by the County Tax Assessor by June 1st to be timely filed.

This application must be filed with the County Tax Assessor. **Do not send this application to the North Carolina Department of Revenue**. (County Tax Assessor addresses and phone numbers can be found online at: www.dornc.com/downloads/CountyList.pdf)