NCDVA-9
(Rev. 4-22)

Take this form to your local veterans service office for certification. You can find a list of local VSOs at https://www.milvets.nc.gov/services/benefits-claims scroll down for State Veterans Service Centers and County Veterans Service Offices.

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 NCDMVA 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 have provided the North Carolina Department of Military and Veterans Affairs (NCDMVA) with my Annual Tax Abatement Letter for the processing of this form. I authorize the Secretary of NCDMVA, or the Secretary's designee, 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 have provided the North Carolina Department of Military and Veterans Affairs (NCDMVA) with my Annual Tax Abatement Letter for the processing of this form. I authorize the Secretary of NCDMVA, or the Secretary's designee, to release information regarding my disability as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

DATE

SECTION 4

To be completed by Secretary of NC Department of Military and Veterans Affairs, or Secretary's designee

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

The NCDMVA has verified the Department of Veterans Affairs certification for the veteran above.

SIGNATURE OF NCDMVA OFFICIAL

PRINTED NAME OF NCDMVA OFFICIAL

DATE

TITLE OF NCDMVA OFFICIAL

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