



## NORTH CAROLINA DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

Roy Cooper  
GOVERNOR

Larry D. Hall  
SECRETARY

Martin D. Falls  
ASSISTANT SECRETARY FOR  
VETERANS AFFAIRS

### Instructions NCDVA-9: Property Tax Relief for Disabled Veterans

To qualify for the disabled veteran homestead property tax relief under North Carolina law a person must meet the following criteria:

The property owner must be a veteran of any branch of the US Armed Forces with an honorable discharge **AND**

- a. The property owner must have a **permanent & total** service connected disability of 100% **OR**
- b. Rated **Permanently** Individually Unemployable by the US Department of Veteran Affairs **OR**
- c. The property owner must be in receipt of **Dependents Indemnity Compensation** (Survivors Pension) as a surviving spouse.

The disabled veteran homestead exemption is the first \$45,000 of your assessed real property value. Co-owners **who are not spouses** and who are individually eligible for the benefit will receive the total exemption of \$90,000.

1. Complete Sections 1 and 2 of the NCDVA-9 Form.
2. Mail or Fax Certification to

State Service Office  
NCDMVA - NCDVA9  
251 North Main Street, Room 190  
Winston-Salem, NC 27155  
Fax: (336) 631-5028

3. Once certified by the Veterans Benefit Administration the form will be returned to your primary residence. You will then submit the NCDVA-9 to your local county tax office.

**The deadline to submit your documents to your county tax office is June 1<sup>st</sup> of the current tax year. It is recommended that you submit your application to the State Service Center well in advance of this date to allow time for the certification process.**

	<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>
<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 _____
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>	
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 <b>does not meet</b> either B, C, D, or E of the below criteria. B. <input type="checkbox"/> Veteran has a service-connected <b>permanent</b> 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 <b>permanent</b> 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 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		