



BUNCOMBE COUNTY PROPERTY ASSESSMENT

182 College Street Asheville NC 28801



FORM 312 - DISABLED PERSON APPLICATION FOR TAX RELIEF PERSONAL PROPERTY

MAILING DATE				You may submit additional information separately if needed.	
NAME OF APPLICANT			SECOND OWNER		
DATE OF BIRTH				DATE OF BIRTH	
SOCIAL SECURITY#				SOCIAL SECURITY#	
OWNER ID#				EMAIL	
RESIDENCE ADDRESS:					
MAILING ADDRESS: <i>(if different, Street or P.O. Box)</i>					
HOME PHONE		CELL PHONE		WORK PHONE	
GENERAL INFORMATION				YES	NO
Please answer the following questions:					
Is this property your permanent residence? <i>If no, please list below.</i>					
Does your spouse (if applicable) live with you in the residence?					
Are you or your spouse currently residing in a health care facility?					
Do you and or spouse (if applicable) own 100% interest in the property? <i>If no, please list below.</i>					
Please list secondary address below, if applicable.					
Please list all other owners of your residence below.					
1.		3.			
2.		4.			
Please <u>complete</u> the income information on the back of this form, <u>attach</u> the required proof of income and return to the County Property Assessor's Office within 30 days. Applications returned without income information will be denied.					

INCOME INFORMATION		<i>Failure to return proof of income may result in the removal of the previously granted exemption or exclusion..</i>	
Provide <u>copies</u> of all income listed below for the previous calendar year. If you file an Income Tax Return attach a signed copy of the first and second page. If you do not file a tax return, you must attach copies of the income that you received below (W-2, SSA- 1099, 1099-R 1099-INT, 1099-DIV and financial institution statements, etc).			
Wages, Salaries, Tips, <i>etc.</i>		\$	
Interest (<i>Taxable and Tax Exempt</i>)		\$	
Dividends		\$	
Capital Gains		\$	
IRA Distributions		\$	
Pensions and Annuities		\$	
Disability Payments (<i>not included in Pensions and Annuities</i>)		\$	
Social Security (<i>Taxable and Exempt</i>). SSA-1099		\$	
All other moneys received		\$	
TOTAL		\$	
AFFIRMATION AND SIGNATURE – Under penalties prescribed by law, I hereby affirm that all information furnished by me in connection with this application is true and complete.			
Applicant Signature			
			Date
Printed Name			
Spouse Signature			
			Date
Printed Name			
OPTIONAL: Please provide name, address and phone number for an emergency contact:			
NAME/ADDRESS			
PHONE NUMBER		RELATIONSHIP	
OTHER TAX RELIEF PROGRAMS are available. For more information please visit BuncombeCounty.org/TaxAssessment The County of Buncombe does not discriminate on the basis of race, color, religion, sex, age, national origin, handicap or disability in admission or access to, or treatment or employment, in its services, programs, and activities, in compliance with applicable Federal and State laws.			

Certification of Disability for Property Tax Exclusion (G.S. 105-277.1) State of North Carolina

Applicant's Name		Social Security Number	
Address		Date of Birth	
City		State	Zip Code
Home Telephone Number	Work Telephone Number	Ext.	Cell Phone Number

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.

- ☐ Yes ☐ No ➡ I certify that the applicant is currently totally and permanently disabled as defined above in G.S. 105-277.1(b)(4).
- ☐ 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 Number
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.