



FT-311



# BUNCOMBE COUNTY PROPERTY ASSESSMENT

182 College Street Asheville NC 28801

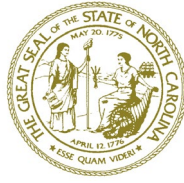


## FORM 311 - DISABLED VETERAN PERSONAL PROPERTY TAX RELIEF

MAILING DATE				<b>You may submit additional information separately if needed.</b>	
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	
<b>GENERAL INFORMATION</b>				YES	NO
<b>Please answer the following questions:</b>					
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 return to the County Property Assessor's Office within 30 days.					

<b>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.</b>		
<b>Applicant Signature</b>		
		<b>Date</b>
<b>Printed Name</b>		
<b>Spouse Signature</b>		
		<b>Date</b>
<b>Printed Name</b>		

<b>OPTIONAL: Please provide name, address and phone number for an emergency contact:</b>			
<b>NAME/ADDRESS</b>			
<b>PHONE NUMBER</b>		<b>RELATIONSHIP</b>	
<p><b>OTHER TAX RELIEF PROGRAMS are available. For more information please visit <a href="http://BuncombeCounty.org/TaxAssessment">BuncombeCounty.org/TaxAssessment</a></b></p> <p>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.</p>			
<p align="center"><b>PLEASE SUBMIT COMPLETED CERTIFICATION TO:</b></p> <p align="center"><b>BUNCOMBE COUNTY PROPERTY ASSESSOR</b>  <b>EXEMPTION DIVISION</b>  <b>182 College Street</b>  <b>ASHEVILLE, NC 28801</b></p>			



## NORTH CAROLINA DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

Roy Cooper  
GOVERNOR

Walter E. Gaskin  
SECRETARY

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

The disabled veteran homestead property tax relief exempts the first \$45,000 of the assessed value of the primary residence of a qualifying veteran or surviving spouse. To qualify for the property tax relief, under North Carolina law, the property owner must meet the following criteria as of January 1 of the year for which application is made:

The property owner must be a veteran or a never-remarried surviving spouse of a veteran of any branch of the US Armed Forces with an honorable or under honorable conditions discharge **AND**

- a. If owned by veteran: The veteran must either (1) have a **permanent and total** service-connected disability of 100% or (2) receive benefits for specially adapted housing under 38 U.S.C. 2101. **OR**
- b. If owned by surviving spouse: The property owner must be the surviving spouse of either (1) a veteran who had a **permanent and total** service-connected disability or (2) a veteran that received benefits for specially adapted housing under 38 U.S.C. 2101 or (3) a veteran who died as a result of a service-connected condition.

#### How to complete:

1. Download Form NCDVA-9 at <https://www.ncdor.gov/taxes-forms/property-tax/property-tax-forms#exemption-and-exclusion-forms>.
2. Complete Section 1 of the form and sign where applicable in Section 2 or 3.
3. Take the 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.
4. The Veterans Service Officer will complete Section 4.
5. Once certified, submit Form NCDVA-9 and Form AV-9 Application for Property Tax Relief to your local county tax office. (Form AV-9 is also available at the link in #1 above.)

**The date for timely submission of documents to your *county tax office* is June 1 of the current tax year. We recommend that you submit Form NCDVA-9 to the State Veterans Service Center or County Veterans Service Office well in advance of June 1 to allow sufficient 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</b> <b>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 <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 NCDMVA complete this certification <b><i>in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.</i></b></p>					
<b>SECTION 2</b>	<b>Disabled Veteran's Signature</b>				
<p>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.</p>					
DISABLED VETERAN'S SIGNATURE		DATE			
<b>SECTION 3</b>	<b>Surviving Spouse's (who has not remarried) Signature</b>				
<p>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.</p>					
SURVIVING SPOUSE'S SIGNATURE		DATE			
<b>SECTION 4</b>	<b>To be completed by Secretary of NC Department of Military and Veterans Affairs, or Secretary's designee</b>				
<b>Please check all that apply:</b>	<b>A.</b> <input type="checkbox"/> Veteran <b>does not meet</b> either B, C, D, or E of the below criteria.				
	<b>B.</b> <input type="checkbox"/> Veteran has a service-connected <b>permanent</b> and total disability that existed <b>as of</b> _____.				
	<b>C.</b> <input type="checkbox"/> Veteran received benefits <b>on</b> _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.				
	<b>D.</b> <input type="checkbox"/> Veteran died <b>on</b> _____ and had a service-connected <b>permanent</b> and total disability at death.				
	<b>E.</b> <input type="checkbox"/> Veteran died <b>on</b> _____ and the death was either (1) the result of a service-connected condition <b>or</b> (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.				
<table style="width: 100%;"> <tr> <td style="width: 30%;">Character of Disabled Veteran's Service at Separation: (DD-214)</td> <td style="width: 35%;"> <input type="checkbox"/> Honorable  <input type="checkbox"/> Under Honorable Conditions         </td> <td style="width: 35%;"> <input type="checkbox"/> Under Other than Honorable Conditions         </td> </tr> </table>			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
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			
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			